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PATRACE NO DEFUE

Issue 1

35th Fighter Wing Misawa Air Base, Japan

Retiree Activities Office

Col Stilwell 35th FW/CC

Col Craig 35th FW/CV

CMSgt (Ret) Tinnirella RAO Director

CMSgt (Ret) Barton RAO Deputy Director Newsletter Editor

Retiree Activities Office Newsletter

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Budget To Expand Concurrent Receipt

The blueprint released this week for President Obama's FY2010 budget is making headlines across the country for its \$3.6 trillion size and sweeping health care and tax initiatives.

But let's talk about the budget provisions affecting the veterans community that you may not find in your local newspaper or TV coverage.

Concurrent Receipt. For the first time in history, the FY2010 budget includes an initiative to help ease the disability offset to military retired pay. According to the president's budget release, it would expand coverage to currently ineligible medically retired members who are highly disabled. No specifics are available yet, but that could mean authorizing concurrent receipt for

medical retirees with less than 20 years and at least a 50% VA rating. We'll need the details to be sure, but any expansion is terrific news for the disabled retiree community.

TRICARE Fees. The budget information made public so far is silent on this issue, and we take that as a positive sign. There's no healthcare-related budget reduction indicated for the defense budget in either the discretionary or mandatory spending categories, as there was in the last several budgets of the Bush Administration. We'll await the final budget details in April to be sure, but what we've seen so far leaves us cautiously optimistic.

VA Budget. The budget includes \$55.9 billion for "discretionary" VA programs (mostly health care) almost an 11% increase from FY2009. Including "mandatory" spending programs like VA disability compensation, survivor benefits, and the GI Bill, the total is about

\$113 billion. It includes funds for a gradual expansion of the number of "priority group 8" vets (nondisabled vets with incomes above certain locality-based thresholds) in the VA health system. The plan is to open care to about 500,000 more category 8 vets over the next four years. Among other things, the added funds would expand mental health care, promote electronic health records, and cover implementation of the new GI Bill benefits.

MOAA Legislative Update, Feb 27

SSA Staff Shortages Starting To Show

Restrictions on Social Security Administration (SSA) staffing at a time of growing demand on the agency are starting to show in the form of decreased customer service, lower productivity in field offices and deferred work, GAD has reported. It said that staffing in field offices dropped 4.4 percent from 2005 to 2008 although productivity dropped only 1.3 percent due to greater productivity of employees.

"To manage the reduced staffing, SSA deferred work deemed as a lower priority, such as conducting reviews of beneficiaries' continuing eligibility. However, deferring these reviews means that beneficiaries who no longer qualify for benefits may still receive payments erroneously," GAO added, citing projections that every \$1 spent on conducting such reviews saves \$10 by cutting erroneous overpayments.

At least half of customers calling selected field offices had at least one call that went unanswered, but the actual rate likely is higher than that, the report said.

SSA is facing its own internal and external challenges. GAD noted that all projections show an increasing

burden on the agency in years ahead to process retirement and disability applications from the baby boom generation as it hits retirement eligibility age. Meanwhile, the agency is facing a retirement wave of its own, projecting 44 percent of its staff to retire by 2016.



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The Aid and Attendance (A&A) Special Pension provides benefits for veterans and surviving spouses who require the regular attendance of another person to assist in eating, bathing, dressing and undressing or taking care of the needs of nature. It also includes individuals who are blind or a patient in a nursing home

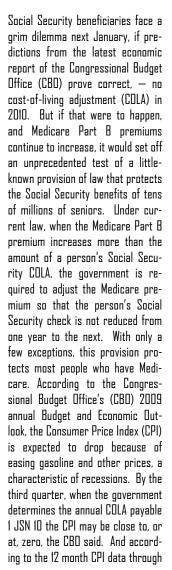
because of mental or physical incapacity. Assisted care in an assisting living facility also qualifies.

The A&A Pension can provide up to \$1,519 per month to a veteran, \$976 per month to a surviving spouse, or \$1,801 per month to a couple.

Eligibility must be proven by filing

the proper Veterans Application for Pension or Compensation. This application will require a copy of DD -214 or separation papers, Medical Evaluation from a physician, current medical issues, net worth limitations, and net income, along with out -of-pocket Medical Expenses.

SSA COLA 2010



DEC 08, the index used to determine COLAs isn't just zero, it's minus 0.5%.

If this were to happen, it would be the first time since Congress made the Social Security COLA automatic in 1975 that beneficiaries would fail to get an increase. Since the automatic COLA was established, the lowest ever paid was 1.3% in 1986 and 1998. Should inflation come down to zero, or even near zero, and Medicare Part B premiums increase even modestly, the federal government could be on the hook for potentially billions in unanticipated Medicare Part B premium costs that normally are automatically deducted from beneficiaries' Social Security checks. "The situation would just add to the exploding deficit," says Shannon Benton, the Senior Citizens League's (TSCL) Executive Director. The prospect of no COLA is particularly galling, because seniors are experiencing stiff increases in outof-pocket Medicare drug costs in 2009. According to a national survev. the average beneficiary will see a 24% increase in his or her monthly premiums. And many drug and other Medicare plans also steeply increased co-pays and other out-of-pocket costs. "Clearly, the method that the government uses to

determine senior COLAs is not adequately accounting for the costs that seniors actually have," Benton notes.

TSCL believes the COLA does not fairly reflect the portion of income seniors spend on health care and other costs, and is lobbying Congress to pass legislation ensuring that COLAs will be more representative and adequate in the future. TSCL also is calling on Congress to take steps immediately to constrain the rise in Part B spending. There's well documented evidence of a considerable amount of waste in the Medicare system that Congress needs to get under control. "These are anxious times for seniors, and every one is dealing with bad financial news daily," says Benton. "We call on Congress to take action in weeding out wasteful Medicare spending, and to weigh the consequences of a Medicare Part B premium increase, in a year when COLAs may increase very little or not at all." [Source: TSCL Social Security & Medicare Advisor Mar 091



Blood Donation And VCJD

To give blood for transfusion to another person, you must be healthy, be at least 17 years old or 16 years old if allowed by state law. You must weigh at least 110 pounds, and not have donated whole blood in the last 8 weeks (56 days) or double red cells in the last 16 weeks (112 days). "Healthy" means that you feel well and can perform normal activities. If vou have a chronic condition such as diabetes or high blood pressure, "healthy" also means that you are being treated and the condition is under control. A number of other criteria apply inclusive of exposure to communicable diseases such as variant Creutzfeld-Jacob Disease (vCJD). In some parts of the world. cattle can get an infectious, fatal brain disease called Mad Cow Disease. In these same locations, humans have started to get a new disease vCJD which is also a fatal brain disease. Scientists believe that vCJD is Mad Cow Disease that has somehow transferred to humans, possibly through the food chain. There is now evidence from a small number of case reports involving patients and laboratory animal studies that vCJD can be transmitted through transfusion. There is no test for vCJD in humans that could be used to screen blood donors and to protect the blood supply. This means that blood programs must take special precautions to keep vCJD out of the blood supply by avoiding collections from those who have been where this disease is found. At this time, the American Red Cross donor eligibility rules related to vCJD say you are not eligible to donate if:

From 1 JAN 80, through 31 DEC 96, you spent (visited or lived) a cumulative time of 3 months or more, in the United Kingdom (UK), or from 1 JAN 80, to present, you had a blood transfusion in any country(ies) in the (UK). The UK includes the Channel

Islands; England; Falkland Islands; Gibraltar; Isle of Man; Northern Ireland: Scotland: and Wales.

You were a member of the of the U.S. military, a civilian military employee, or a dependent of a member of the U.S. military who spent a total time of 6 months on or associated with a military base from 1980 through 1990 in Belgium, the Netherlands (Holland), or Germany.

You were a member of the of the U.S. military, a civilian military employee, or a dependent of a member of the U.S. military who spent a total time of 6 months on or associated with a military base from 1980 through 1996 in Spain, Portugal, Turkey, Italy or Greece.

You spent (visited or lived) a cumulative time of 5 years or more from 1 JAN 80, to present, in any combination of country(ies) in Europe, inclusive of:

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The UK from 1980 through 1996 as listed in above.

On or associated with military bases as described above, and the following countries in Europe: Albania, Austria, Belgium, Bosnia/Herzegovina, Bulgaria, Croatia, Czech Republic, Denmark, Finland, France, Germany, Greece, Hungary, Ireland (Republic of), Italy, Kosovo (Federal Republic of Yugoslavia), Liechtenstein, Luxembourg, Macedonia, Montenegro (Federal Republic of Yugoslavia). Netherlands (Holland), Norway, Poland, Portugal, Romania, Serbia (Federal Republic of Yugoslavia), Slovak Republic (Slovakia), Slovenia, Spain, Sweden, Switzerland, Turkey, and Yugoslavia (Federal Republic includes Kosovo, Montenegro, and Serbia).

[Source: www.redcross.org/en/eligibility#vcjd2 Feb 09]

Don't Forget to File Them Taxes



Dependent Permanent ID Cards

Implementation Real-Time Automated Personnel Identification System (RAPIDS) software upgrade 7.3 has arrived at nearly every identification (ID) card processing office. This system upgrade makes it possible to issue the indefinite ID cards for permanently incapacitated children of active duty and retired service-

members.

However, the permanently incapacitated spouse of a retired service-member is unable to receive the indefinite ID card until the process for documenting and reverifying continued eligibility is resolved. MDAA is in contact with the Defense Manpower Data Center tracking this issue and

will notify members as new information arises.

Call before you go to ensure hours of operations and availability. To locate your nearest military ID card facility call (800) 538-9552 or visit www.dmdc.osd.mil/rsl/.



Veterans Resource

The American Veterans & Servicemembers Survival Guide is available on line at www. veteransforamerica.org/wp-content/ uploads/2008/12/survivalguide.pdf . The new publication, provided by the Veterans for America organization, is a followup to the 1985 The Viet Vet Survival Guide. It is a downloadable no cost resource for veterans of all periods. The guide will help a veteran understand what's going on, it is not a substitute for a good lawver or other advocate. And it isn't the only source of information. The book gives particular emphasis to service members and veterans of Iraq and Afghanistan, while providing adequate informa-

tion for vets of all other eras. It describes in depth:

- The problems of the military community,
- The benefits and services available to present and former servicemembers,
- And issues that will be decided in the next several years.

It will help readers understand how various agencies work not just in theory but in practice and how they can cut through the bureaucracy and confusion and get the benefits and services to which they are entitled. Topics included in its 599 pages, among others, address frequent call-ups from the Guard and Reserve. getting out of the military, the Department of Veterans Affairs, disability compensation, pensions, medical care, educational benefits. housing benefits, claims and appeals, discharge upgrading, the criminal justice system, employment, reemployment rights, benefits for family members, the special problems of women servicemembers and veterans and domestic relations issues. While it focuses on programs run by the VA it also deals with programs administered by other federal agencies and the states. [Source: www.veteransforamerica.org Feb 08)



The Defense Commissary Agency will accept outstanding Certificheck gift certificates from authorized customers thanks to a plan approved today by the Department of Defense. The approved plan allows DeCA commissaries to honor CertifiCheck gift checks now through July 31, 2009.

"I am happy to report that DeCA and DoD have found a way that we can honor our customers' unredeemed certifichecks," said DeCA Director and CEO Philip E. Sakowitz Jr. "We have been deeply concerned about how this situation has impacted our customers worldwide, and we're happy that we've been able to find a solution."

CertifiChecks Inc., the Dayton, Ohio, company that has issued the commissary gift checks since 2002, announced Feb. 26 on its Web site that it had ceased operations and was filing Chapter 7 bankruptcy.

Since then, DeCA had been working non-stop with DoD officials to settle on a legal recourse it could offer its customers left holding the unredeemable certifichecks.

DeCA will be allowed to absorb the losses incurred from honoring the certificates from its Defense Working Capital Fund, Resale Stocks Account, Defense officials said. The DWCF was established to allow the federal government

purchase and repair activities to account for costs and revenue as if they were commercial businesses.

Since 2002, more than \$20 million in gift certificates have been purchased for authorized customers, including more than \$3.9 million in fiscal 2008.





Veterans Pensions Update

If you are a wartime veteran with a limited income and you are no longer able to work, you may qualify for a Veterans Disability Pension or the Veterans Pension for Veterans 65 or older. Many veterans of wartime service are completely unaware of the fact that if they are 65 or older and on a limited income they may qualify for a VA Pension without being disabled. An estimated 2 million impoverished veterans and their widows are not receiving the VA pension they deserve because they do not know about it. The VA has had limited success in aettina the information to them. Generally, you may be eligible if:

- You were discharged from service under conditions other than dishonorable, and
- You served at least 90 days of active military service 1 day of which was during a war time period. If you entered active duty after September 7. 1980. generally you must have served at least 24 months or the full period for which called or ordered to active duty (There are exceptions to this rule), and
- Your countable family income is below a yearly limit set by law (The yearly limit on income is set by Congress), and you are age 65 or older. or, you are permanently and totally disabled, not due to your own willful

misconduct.

With the advent of the Gulf War on 2 AUG 90 (and still not ended by Congress to this day), veterans can now serve after 2 AUG 90 during a period of war time. If your countable income appears to be near the maximum you should apply. VA will determine if you are eligible and notify you. If you do not initially qualify, you may reapply if vou have un-reimbursed medical expenses during the twelve month period after VA receives your claim that brings your countable income below the yearly income limit (i.e. These are expense you have paid for medical services or products for which you will not be reimbursed by Medicare or private medical insurance). Countable income for eligibility purposes includes income received by the veteran and his or her dependents, if any, from most sources. It includes earnings, disability and retirement payments, interest and dividends, and net income from farming or business. There is a presumption that all of a child's income is available to or for the veteran. VA may grant an exception to this in hardship cases.

There is no set limit on how much net worth a veteran and his dependents can have, but net worth cannot be excessive. Net worth means the net value of the assets of the veteran and

his or her dependents. It includes such assets as bank accounts, stocks, bonds, mutual funds and any property other than the veteran's residence and a reasonable lot area. decision as to whether a claimant's net worth is excessive depends on the facts of each individual case. All net worth should be reported and VA will determine if a claimant's assets are sufficiently large that the claimant could live off these assets for a reasonable period of time. VA's needsbased programs are not intended to protect substantial assets or build up an estate for the benefit of heirs. The Maximum Annual Pension Rates (MAPR) effective 1 DEC 08 for both living and deceased veteran's surviving spouse/children cannot exceed the followina:

Veteran or widow/er with no dependents \$11.830 or \$7.933.

Veteran with spouse and child or widow/er with a child \$15,493 or \$10.385.

Veterans or survivor with additional children: add \$2,020 to the limit for each child.

Housebound veteran or widow/er with no dependents \$14,457 or \$9.696.

Housebound veteran or widow/er with one dependent \$18,120 or \$12,144.

Veteran or widow/er who needs aid and attendance and you have no dependents \$19,736 or \$12,681.

Veteran or widow/er who needs aid and attendance and you have one dependent \$23,396 or \$15,128.

Some income is not counted toward the yearly limit (for example, welfare benefits, some wages earned by dependent children, and Supplemental Security Income). It's also important to note that your medical related expenses are considered when determining your yearly family income. VA pays you the difference between your countable family income and the yearly income limit which describes your situation. This difference is generally paid in 12 equal monthly payments rounded down to the nearest dollar. You can apply by filling out VA Form 21-526, Veteran's Application for Compensation Or Pension. If available, attach copies of dependency records (marriage & children's birth certificates) and current medical evidence (doctor & hospital reports). You can also apply on line through the VON-APP website http:// vabenefits.vba.va.gov/vonapp/ main.asp. For More Information Call 1(800) 827-1000. [Source: www.vba.va.gov/bln/21/pension/ index.htm 12 Feb 09]

Roppongi Night Life

This is to inform the American community that the U.S. Embassy has recommended that the embassy community avoid frequenting Roppongi bars and clubs in Tokyo due to a significant increase in reported drink-spiking incidents. American citizens may choose to avoid frequenting drinking establishments in this area as well.

The number of reports of U.S. citizens being drugged in bars has increased significantly in recent weeks. Typically, the victim unknowingly drinks a beverage that has been secretly mixed with a drug that renders the victim unconscious for several hours, during which time large sums of money are charged to the victim's credit card or the card is stolen outright. Victims sometimes regain consciousness in the bar or club, while at other times the victim awakens on the street.

Because this type of crime is already widespread in Roppongi bars and is on the rise, the U.S. Embassy has recommended that members of the embassy community avoid frequenting drinking establishments in this area. American citizens may consider this recommendation as it applies to their own behavior. If you, nevertheless, choose to participate in Roppongi night life, we urge you to remain extra vigilant of your surroundings and maintain a high level of situational awareness. Establishments in the area of Roppongi Intersection (Roppongi Dori and Gaienhigashi-dori) have had the highest level of reported incidents.





Most of us know that physical exercise is good for our general health, but did you know that physical exercise is also good for your brain?

If you think you're going to get smarter sitting in front of your computer or watching television, think again. Here scientists present the evidence that a healthy human being is a human doing.

Walking Benefits Brains

Walking is especially good for your brain, because it increases blood circulation and the oxygen and glucose that reach your brain. Walking is not strenuous, so your leg muscles don't take up extra oxygen and glucose like they do during other forms of exercise. As you walk, you effectively oxygenate your brain. Maybe this is why walking can "clear your head" and help you to think better.

Movement and exercise increase breathing and heart rate so that more blood flows to the brain, enhancing energy production and waste removal. Studies show that in response to exercise, cerebral blood vessels can grow, even in

middle-aged sedentary animals. Walking Improved Memory

Studies of senior citizens who walk regularly showed significant improvement in memory skills compared to sedentary elderly people.

Walking also improved their learning ability, concentration, and abstract reasoning. Stroke risk was cut by 57% in people who walked as little as 20 minutes a day.

Wake Up Your Brain in the Morning Exercise In the morning, while you're still in bed, slowly begin to move your toes - any way that feels good. Wriggle, scrunch, and stretch. Move all your toes up and down several times, or work just your big toes. Wiggling your toes activates nerves that stimulate your brain and internal organs.

Do this exercise first thing each morning or after sitting for an extended period of time. It will help you to wake-up and become alert more quickly. Your whole body may feel pleasantly energized. Most important, your first steps - and those throughout the day - will be safer ones. (Falls are the sec-

ond leading cause of spinal cord and brain injury among people over 65 years old.)

Physical Exercise Protects Your Brain as it Ages Physical exercise has a protective effect on the brain and its mental processes, and may even help prevent Alzheimer's disease. Based on exercise and health data from nearly 5,000 men and women over 65 years of age, those who exercised were less likely to lose their mental abilities or develop dementia, including Alzheimer's.

Furthermore, the five-year study at the Laval University in Sainte-Foy, Quebec suggests that the more a person exercises the greater the protective benefits for the brain, particularly in women.

Inactive individuals were twice as likely to develop Alzheimer's, compared to those with the highest levels of activity (exercised vigorously at least three times a week). But even light or moderate exercisers cut their risk significantly for Alzheimer's and mental decline.

TRICARE User Fee Update

In recent weeks there have been rumors going around the internet among military retirees that President Obama has proposed to cut the TRICARE benefits by raising various fees. It is important to understand that is not true at this time. The rumors have centered on a report out out by the Congressional Budget Office that says one option for Congress is to raise TRICARE fees. However, that is not a proposal. It is a report that is issued every two years that contains possible options for Congress regarding spending and/or reductions in the entire federal budget. TREA Legislative Director Larry Madison met in FEB with top officials from the office of the Assistant Secretary of Defense for Health Affairs. They stated directly that no decision on what DoD will propose to Congress regarding TRICARE has been made and they did not know for certain when they would be making a final decision. The officials did express concern about the long-term viability of the military health care system, and when questioned by Madison, they acknowledged one option they are looking at is to encourage military

retirees to use MTF's in the future. However, this is only in the talking stage and any decision on that will not be made anytime soon. The officials also stated that they are exploring options that would lower co-pays for the best drugs available to treat a specific condition. Again, no decision on this has been made. While there is no harm in contacting members of Conaress with your concerns about possible increases in TRICARE fees, TREA suggests waiting until the Administration submits its proposal so we know exactly what we are dealing with. Be assured that TREA's Washington office and the RAO will let you know as soon as we hear what the proposals will be. [Source: TREA Washington Update 13 Feb 09]



VA Claims Backlog

Eric K. Shinseki (General USA, Ret). the new Veterans Affairs secretary, said 4 FEB he is trying to reduce the six-month delays in paying veterans' disability claims, and he wants to move quickly toward an all-electronic claims system that could speed up the process. In his first appearance before Congress since becoming secretary. Shinseki said the VA is looking at a major switch that would phase out paper processing, possibly by 2012. "This is a bruteforce solution." Shinseki told the House Veterans Affairs Committee, adding that a technological format is needed "to ensure timely, accurate consistent decision-making on behalf of our veterans. This is part of what our backlog is about. That will take investment, of course," he said. In his testimony, Shinseki also said he was launching a topdown review of his embattled department and reiterated his promise to submit a "credible and adequate 2010 budget request" that will be cost-effective while fully sensitive to veterans in need. "If it's going to be solved any faster, it's going to take leadership," he said of the challenge ahead, promising a "change of culture" at the government's second largest agency.

Shinseki, got a recent tour of the paperwork battlefield on which VA claim adjudicators serve every day. It was a bracing scene -literally, "You walk into one of our rooms where...decisions are being made about disabilities for veterans fand) see individuals sitting at a desk with stacks of paper that go up half way to the ceiling. And as they finish one pile, another pile comes in." Shinseki told the Committee. "There are 11.100 people doing this...good people, hired to do a rather challenging job in which they are trying to apply judgment to situations that occurred years ago," Shinseki said. Paperwork, he added, doesn't draw out "a full appreciation for the context of combat." The army of claim adjudicators is equal in size to the 82nd Airborne Division. Shinseki said. It arew by 4000 in the last two years. Another 1100 will be hired this year to address VA's claims backlog. It's "a brute force solution" to a problem best solved with an electronic claim processing system. "If we don't... create a paperless process." Shinseki told lawmakers, "I'll report a year from now that we hired more people to do this." Rep. Vic Snyder (D-AR 2nd) said Shinseki should make another visit soon to one of VA's file rooms. "It's almost dangerous," said Snyder. The rooms "are overwhelmed" with claims. Some individual claims have swelled to "three, four and five volumes." Ironically, Snyder said, technology might be aggravating the problem. Veterans who look continuously to strengthen disability claims are making internet searches. Printouts on all aspects of their conditions or diseases are then sent to the VA to be added to case files. "The files will just keep growing," Snyder said. "We've got to get a handle on this whole thing."

One new proposal that Shinseki floated was that he believes that all active duty military members, upon discharge or retirement should be mandatorily enrolled in the VA health system. Rep. Steve Buyer (Ind.), ranking Republican on the committee, asked Shinseki to support an increase in Dependency and Indemnity Compensation. DIC is paid to survivors of members who die on active duty or die of service-related conditions in retirement. DIC hasn't kept pace with survivor compensation for

federal civilian workers, Buyer said he is preparing a bill that would raise DIC by 12 percent across the board. Basic DIC is now \$1154 a month and \$286 a month is added for each dependent child under age 18. Another \$246 is added if, at time of death, a veteran had been rated as 100-percent disabled for eight years, and had been married during that the same period.

Shinseki was warmly received by the committee where he laid out administration priorities for veterans. Behind him, representatives of various veterans' service organizations mostly nodded heads in agreement. They didn't nod, however, when Shinseki declined to endorse a legislative priority for many VSOs this year: a bill to require that VA health budgets be funded a year ahead of normal appropriations. Advocates say this will ensure timely funding of VA hospitals. They no longer would have to operate on the cheap under a "continuing resolution" because the VA budget got bogged down by a partisan fight. In late January, many VSOs hailed such a bill, the Veterans Health Care Budget Reform Act, reintroduced for 2009 by Sen. Daniel Akaka (D-HI), Senate VA Committee chairman. But Shinseki implied Conaress simply needs to act more responsibly on VA appropriation bills. "My preference would be for a timely budget and I will assure vou I'll do my part," he said. While Army chief of staff, Shinseki recalled, "I lived with continuing resolutions and I know full well the impact they bring." If his experience as VA secretary shows health care budgets still can't get passed on time, then "other options" will be discussed, Shinseki said.

House Veterans Affairs Chairman

Bob Filner (D-CA 51st) said that after several years of budget restrictions and growing backlogs, the VA must work hard to restore credibility among the nation's veterans. "So many veterans view the VA as 'Veteran's Adversary," he said. Rep. Harry Mitchell (D-AZ 5th) who chairs the oversight subcommittee, said he wants to ensure the VA remains mindful with its technology initiatives to "implement high standards" of quality given the department's past problems with maintaining electronic data. "We all have our work cut out for us." Mitchell said. Shinseki said he would review the "fundamentals in every line of operation." "I intend to ... demand the highest levels of integrity, transparency and performance in leading the department through the fundamental and comprehensive change it must quickly undergo," Shinseki said. "We will be measured by our accomplishments, not by our promises," he added. [Source: Air Force-Times Hope Yen & Stars and Stripes Tom Philpott articles 4 & 7 Feb 09]





Medicare Private Health Plans



With its revision of the draft 2010 Call Letter setting, contract terms for Medicare health and drug plans, the Obama administration has proposed new criteria for approving the benefit packages of Medicare private health plans. In the draft 2010 Call Letter issued 23 FEB, the Centers for Medicare & Medicaid Services (CMS) said it wanted to eliminate plan offerings that had very low enrollment or that had benefit packages that were very similar to other plans offered by the same company. CMS also set a higher bar for approving benefit packages offered by Medicare private health plans. Plans that provided a comprehensive out -of-pocket limit on medical services of \$3.400 or less and did not

charge more than Original Medicare for kidney dialysis, psychiatric hospitalization, chemotherapy and other Part B drugs, or skilled nursing facility care will generally not be considered to have a benefit design that discriminates against less healthy, higher-cost enrollees, CMS said. To be considered comprehensive, the plan's out-of-pocket limit must not exclude any services covered under Medicare's inpatient (Part A) and outpatient (Part B) benefit.

Consumer advocates, including the Medicare Rights Center, applauded the move toward higher standards for approving benefit designs offered by Medicare private health plans. However, advocates arqued

that CMS should require plans to set a lower annual out-of-pocket limit. Only 15% of people with Medicare have out-of-pocket spending greater than \$3,400. An out-ofpocket limit set at \$2,250 would provide greater protection, since it is roughly pegged at 10% of the median annual income of people with Medicare (half earn more, half earn less). Advocates also argued that Medicare private health plans should not be allowed to charge more than Original Medicare for home health, durable medical equipment or hospital care. (Source: Medicare Watch 11 Mar 091

Economic Stimulus Plan

The new economic stimulus plan includes one-time cash payments and/or tax-credits for millions of Americans whether they are working or retired. The plan is complicated, and controversial. Some say it is the only way to pull the nation out of recession. Time will tell. Regardless, here is how the one-time cash payments and/or tax-credits will apply to you:

Wage-earners: The "Make Work Pay" provisions of the American Recovery and Reinvestment Act (stimulus bill) will provide a refundable tax credit of up to \$400 for working individuals and \$800 for married taxpayers filing joint returns in both 2009 and 2010. For most employees (who receive a W-2 from an employer), the employer will automatically make the withholding changes this spring, thereby increasing take-home pay. Taxpayers who do not have taxes withheld by an employer during the vear will be able to claim this credit on their 2009 and 2010 tax returns. This tax credit is not available to all as it has income limits (phases out for individuals with adjusted gross income (AGI) in excess of \$75,000, or \$150,000 for married couples filing jointly). However, employers do not have access to an individual's entire income, and so individuals with multiple jobs or married couples who file jointly and whose total AGI income is higher than the above income limits, will likely want to submit an updated W-4 form to their employer to ensure high enough withholding-or their "stimulus" when they file their 2009 and 2010 taxes will be to send more money back to the IRS. Anyone with additional questions should contact the IRS.

Retirees: Most seniors - that is retirees who receive Social Security (regular Social Security, disability Social Security and SSI), Veterans' or Railroad Retirement benefits - will receive a one-time \$250 pay-

ment (just once, not once in 2009 and once in 2010). It will be sent automatically to these individuals, they do not need to apply for this payment. There is no income limits for this payment, so all eligible individuals are to receive it, no matter their income. As of now, SSA is saying all payments will be distributed by May. Anyone with additional questions should contact SSA, VA, or Railroad Retirement Board (whichever agency they receive regular payments from).

Non-Social Security Retirees:
Government retirees, including some federal Civil Service Retirement System (CSRS) retirees do not receive any Social Security. In addition to federal retirees, there are also state and local government retirees who work outside of Social Security. The Senate Finance Committee, included a refundable \$250 tax credit for these individuals. This tax credit is to be referred to as the "Refundable Tax Credit for Certain

Federal and State Pensioners, and is for tax year 2009. At this time, we are waiting for further guidance from the IRS on how it is to be imolemented.

[Source: NARFE Legislative Department Jill Crissman comments 2 Mar 09]



Post 9/11 GI Bill

One of the most attractive features of the new Post-9/11 GI Bill is its Yellow Ribbon program, designed to entice higher-priced colleges or graduate degree programs to enter agreements that make their tuition and fees even more affordable for academically qualified veterans. But VA officials are worried that Yellow Ribbon participation (when the new GI Bill begins in August) will be low because of the financial crisis, which has lowered the value of endowments at many private colleges. Keith M. Wilson, director of education service for the Veterans Benefits Administration, speculated in a January interview that most colleges "aren't going to want to do a Yellow Ribbon program ... because their finances have been hit too hard in the last couple of months." Wilson later withdrew that assessment, saying he should withhold forecasts until regulations on the new GI Bill are final and colleges have a better understanding of what's possible under Yellow Ribbon agreements. Susan Hattan, a consultant on the new GI Bill for the National Association of Independent Colleges and Universities (NAICU), said she doesn't agree with Wilson's negative forecast. "Our experience is that there is a lot of interest in the Yellow Ribbon program" among the NAICU members, she said. The association represents 952 private colleges including every lvy League school.

Montaomery GI Bill users now attend more than 6.000 colleges and universities. The new GI Bill will nearly double the value of education benefit — enough to cover tuition and fees up to maximums tied to costs at the most expensive state-run college or university. Veterans also will receive a monthly living allowance based on local military housing allowances. The Yellow Ribbon offering is an additional feature. Colleges and universities can volunteer to enter into agreements with the VA to waive up to half of tuition and fees set above such charges at the most expensive state-run undergraduate degree program. The VA, in turn, agrees to match the waived amount, thus boosting GI Bill reimbursements to schools as well as the overall value of the education benefit for veterans. "Schools are really struggling right now, especially the high-end schools," Wilson said in January. "Their endowments have just been crucified. That's (the) gut feeling I get from talking with these folks." His speculation triggered complaints from advocates for private colleges. David L. Warren, president of the NAICU, wrote that Wilson's assessment was premature and likely inaccurate.

Warren wrote, "Most private colleges are enthusiastic about the opportunity to serve the veterans eligible for the Yellow Ribbon program," Warren wrote in Stars

& Stripes newspaper. He suggested that whatever cautionary statements colleges have made to Wilson likely reflect the newness of the Yellow Ribbon concept and lack of final guidelines to schools on how the program will work. Taking the time to understand fully a new commitment before signing [on] the dotted line should not be interpreted as a lack of interest in making the commitment". Wilson said he never meant to imply that private colleges were less inclined than state schools to support GI Bill-eligible veterans, nor did he mean to suggest that not all schools have been hit by the financial crisis. Also, Wilson agreed it was too early to assume at what level colleges might participate in the Yellow Ribbon discounts. Earlier, Wilson had said many colleges likely would offer "token" participation, either by offering Yellow Ribbon waivers only to a small number of students or by waiving only a small percentage of its higher tuition level.

The Yellow Ribbon feature was the brainchild of Sen. John Warner (R-VA), who retired in January. He insisted it be included in the new GI Bill so bright students can afford to attend some the best schools in the country, as his generation of veterans was able to do after World War II. Consultant Hattan said it is true that "higher education, along with just about everybody else in the country, is looking at their finances and wor-



rying. But the one thing I think you'll also see is that the furthest thing down the line that institutions are planning is to cut student financial aid." There is confusion among colleges over how the Yellow Ribbon program will operate, Hattan added. The VA's draft regulation on the Post-9/11 GI Bill said schools who want to participate in the Yellow Ribbon program must be prepared to waive all or a portion their tuition and fees in excess of the highest priced state undergraduate degree program. Schools might prefer to give veterans scholarship money from endowment funds, for example, rather than waive tuition, she said. "The schools will try to look at all potential sources they can draw on to figure out the match" with the VA, Hattan said. "If they can't use scholarship funds as part of their match, obviously that cuts down options that they might otherwise have."

The National Association of College and University Business Officers challenged this part of the draft regulations, too. Rather than stipulate that Yellow Ribbon participants waive some part of their tuition, this association said the VA should adopt language found in the law, which referred to use of "direct grants (and) scholarships" for Yellow Ribbon agreements. The VA is proposing schools use only tuition waivers under Yellow Ribbon to ensure equity. If schools were allowed to offer scholarships, that money often is targeted to boost specific curriculums. The new GI Bill should be available to students on a first come, first served basis and for any type of degree offered at a school, the VA said. (Source: MOAA Observation Post Tom Philpott article 5 Jan 091

COLA 2010 Update

The Bureau of Labor Statistics released the January consumer price index (CPI), the metric used to calculate the annual cost of living adjustment (COLA). For the first time this fiscal year, the metric actually increased, at

least partially eating away at the 5.0% hole left by months of deflation. Cumulative inflation for FYO9 now stands at a 4.5%. The fourmonth cumulative inflation figure hasn't been this low in the last 40 years. If inflation is negative for

the entire year, retirees would see no COLA. The law doesn't allow a negative COLA for military retired pay, SBP, or Social Security, etc. [Source: MOAA Leg UP 20 Feb 09]



New Misawa Air Base Telephone Numbers Effective 1 April 2009



Misawa Telephone AAFES



Quick Call Dialing Guide

On base residential to On base residential 616-XXXX

99-phone number (toll charge) On base residential to Off base

On base official On base residential to 22X-XXXX

99-phone number (toll charge) Another base On base residential to

On base residential to 99-0071-1-area code-phone number (100 free minutes) USA

99-phone number (toll charge) On base residential to Cell phone

0176-66-XXXX (toll charge) Off base to On base residential

On base official 226 prefix Off base to 0176-77-XXXX On base official 222 prefix Off base to 0176-66-XXXX

On base official 226 prefix USA to 011-81-176-77-XXXX On base official 222 prefix USA to 011-81-176-66-XXXX

USA to On base residential 011-81-176-66-XXXX

Cell phone to On base official 222 prefix 0176-66-XXXX Cell phone to On base official 226 prefix 0176-77-XXXX

Cell phone to On base residential 0176-66-XXXX (toll charge)

On base official to On base residential 616-XXXX 35th FW/CVR IInit 5071 APN AP 96319-5021

Phone: 011-81-176-77-4428/5675 DSN: (315) 226-4428/5675

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Lodging Front Desk: 222-1182 Command Post: 226-9899 Law Enforcement: 226-3600

Emergency Room: Non-Urgent- 226-6647

Emergency- 911 / Off Base 53-1911

Medical/Dental Appointments- - - -

Medical: 226-6111 Dental: 226-6700

AAFES General Manager: 222-7410 Commissary Officer: 226-3482 Anthony's Pizza: 222-6300 Pizza Hut: 222-5000 Clothing Sales: 222-8709 Fitness Center: 226-3982 Library: 226-3068

Misawa Clubs- - - -Enlisted: 222-9514 Officer: 226-2016 Base Theater: 222-8700

Taxi- - - -

Official: 226-3328

Non-Official (Kichi Cah): 777-5438 Weather Forecast: 226-3064

Note: When dialing from off base, local area, dial 66-xxxx instead of 222-xxxx, and 77-xxxx instead of 226-xxxx. Dut-

side local area add 0176.

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Still Serving!

The Misawa Air Base Retiree Activities Office is an official activity organized in accordance with AFI 36-3106. The office is here to assist retirees from all military services in the Tohoku and Hokkaido regions of Japan. We can provide assistance in pay, taxes, social security, and personal/casualty affairs as well as many other matters the retiree may need help with. We provide a focal point for retirees and/or their survivors with questions/concerns and work closely with the active duty community. Through the office and the activities of the Misawa Military Retirees Association we are able to provide assistance to indigent widows in the area with fuel, food and living expenses. The office is supplied and equipped through organizational funding, while being staffed entirely by volunteers.

The office is open Tuesday through Friday from 0900 through 1500 hours. We are located in room 210, Bldg 653. If you are unable to contact the RAO in an emergency, you may contact the Casualty Assistance Representative in the Airman & Family Readiness Center, 226-4735 or from off base, 0176-77-4735. Japanese Nationals requiring assistance, who may have limited English language skills, contact MSqt (Ret) Joe Roginski, 222-7090 or from off base, 0176-66-7090.

Military Retirees Association Misawa meets bi-monthly on the first Tuesday, of even months, at 1700 hours, in the Tohoku Enlisted Club's Gray Room. military retirees regardless of service affiliation are welcome as members. We are vour voice to the active duty community and help to support the many retiree programs on the base. We also provide assistance in emergencies to retirees and surviving spouses in times of need. Come out and help support our efforts.













SERVING THE RETIRED MILITARY COMMUNITY IN NORTHERN JAPAN













This publication is written, edited and published by the Misawa Air Base Retiree Activities Office, for the retired community in northern Japan. The information or comments herein do not necessarily represent the position or opinion of the DOD, USAF or the 35 FW. While every effort has been made to assure the accuracy of the information herein, no absolute guarantee of accuracy can be given nor should be assumed.

RETIREE ACTIVITIES OFFICE 35 FW/CVR UNIT 5021 APO AP 96319-5021 **OFFICIAL MAIL**

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