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**Misawa Air Base, Japan**

Retiree Activities Office

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# Retiree Activities Office Newsletter

**ACKNOWLEDGEMENT**

Articles appearing in this newsletter are compiled from local sources, newsletters received by the RAO, and from other military sources. Information has been edited and reprinted for the benefit of our retiree population. Our appreciation is extended to those agencies and newsletter sources.

## Misawa RAO Director Calls It A Day

It is with great sadness that we announce the departure of Chief Master Sergeant Herman Tinnirella (T) as director of the Misawa Retiree Activities Office. Chief T has been the keystone of the office since its establishment in 2000. He took the office from a desk in a corner to a highly functional and very visible part of the Misawa community. His experience while active duty as a first sergeant and his continuing drive to make life better for the retirees here at Misawa will be sorely missed. You don't replace people like Chief T, you can only hope to continue his legacy to make the office a place where retirees can go to get the latest information on their benefits and resolve local issues. Big shoes to fill

but the work is still there and still needs to be done by others. We are sure though that he will make himself available on occasion to answer those tough questions that only he can. We wish him the best and if he gets the itch again the door is always open. T good luck and thanks for all you've done for the retirees of Misawa.



## Preventive Services Offered at the 35<sup>th</sup> Medical Group

Preventive services can save your life and minimize suffering! Did you know that Colorectal Cancer is the second leading cause of cancer deaths in the United States? That it is usually found in people ages 50 and older? And that it CAN be prevented and treated through routine screening and early detection? Colonoscopies are recommended starting at age 50. If you're ready for your colonoscopy, see your PCM who will make it happen via referral to the Surgery Clinic. Likewise, early detection and treatment is the key to reducing mortality

rates due to Breast Cancer. For women ages 40-69, mammograms can reduce up to 35% of deaths caused by Breast Cancer. Yearly mammograms are recommended and are performed in the Radiology Department. Finally, we become more susceptible to serious diseases caused by common infections as we age. Protect yourself. Catch the vaccine, not the flu. Pneumonia vaccine is also available in the Immunization Clinic. Your health is important to your family and us. If you would like any

of these Preventive health services, please call 226-6111.

**Inside this issue:**

<b>Retiree Council/ TRICARE Website</b>	<b>2</b>
<b>Congressional Budget /VA Officials/IRS Web</b>	<b>3</b>
<b>Prostrate Cancer</b>	<b>4</b>
<b>Social Security Bene- fits/SSA Allowance</b>	<b>5</b>
<b>DoD to VA Transition/ Space A Travel</b>	<b>6</b>
<b>TRICARE 4U/IRS Scams</b>	<b>7</b>
<b>Afterburner Update/ Social Sec GOP &amp; WEP</b>	<b>8</b>
<b>Medicare Part B/ TRI- CARE User Fee</b>	<b>9</b>
<b>Memorial Day Retreat</b>	<b>10</b>





A new face will share the head of the Air Force Retiree Council table at its annual meeting May 5 to 8. Retired Lt. Gen. Steven R. Polk, who left active duty in February 2006, succeeds retired Lt. Gen. Donald L. Peterson as council co-chair with retired CMSAF Gerald R. Murray.

The co-chairs serve as personal advisers to the chief of staff and the secretary of the Air Force on all issues regarding retirees and their families. General Polk's appointment was announced by Air Force Chief of Staff Gen. Norton A. Schwartz.

Meeting at the Air Force Personnel Center here, the council receives briefings on today's Air Force structure from senior members of the Air Staff and other Air Force elements. This information helps the 20-member panel address issues submitted from 107 base retiree activities offices worldwide. Subjects range from proposed increases in Tricare fees to publication of the Afterburner to various benefit and entitlement enhancements. Recommendations on key issues are forwarded to the Air Force chief of

staff and subject matter experts.

A native of Bay City, Texas, General Polk graduated and was commissioned from the U.S. Air Force Academy, and completed 38 years on active duty. His assignments included worldwide flying duty, and a tour as an instructor and assistant professor of engineering mechanics at the academy. He currently lives in San Antonio.

Retirees can write to General Polk or Chief Murray at: HQ AFPC/CCU, 550 C STREET WEST STE 8, RANDOLPH AFB TX 78150-4713.

## TRICARE Beneficiary Website

Users should find the Tricare Beneficiary Web site to be easy and simple to use. With so much important information available, its goal is to provide it to you clearly and conveniently. The site is organized into seven sections, to make it easy for you to find the information you need:

**Overview** - A high-level summary of Tricare's organization, plans, eligibility requirements, enrollment options and special programs.

**Medical** - Details about what's covered, finding a provider, getting care, costs, filing claims and more.

**Dental** - Information about your dental options.

**Vision** - Information about your vision coverage including eye exams and corrective lenses.

**Prescriptions** - Details about filling prescriptions, covered medications, prescription costs, pharmacy claims and more.

**Mental Health and Behavior** - Information about your mental/behavioral health coverage and how

to get care based on your health plan option. You'll also learn about the types of mental health providers, types of covered treatments and symptoms for certain conditions.

**Life Events** - What you need to do and how Tricare may change when you experience different life events. Topics include activating/becoming Medicare-eligible, having a baby, divorcing, retiring, moving and much more. Relevant topics appear based on your profile.

With the magnitude and complexity of the Tricare program there are a few shortcuts to quickly find what you need to obtain maximum benefits:

**Enter your profile:** Once you've entered your profile, you'll get a tailored list of your most popular topics on your home page. Entering your profile first also ensures the site is tailored to you. If you click through the site without a profile, you'll be asked to enter it at some point once you look for detailed

content.

**Need a phone number?** All the toll-free numbers are found on the "Tricare Contacts" page found in the horizontal navigation at the top of every page.

**Need a form?** Find enrollment forms, claim forms and other common Tricare forms in PDF format for download on the "Forms" page found in the horizontal navigation at the top of every page.

**Use Google Custom Search:** The Google Custom Search feature is quick and easy. Just enter a keyword and off you go.

[Source: The Tricare Blog 8 Apr 09]





## Congressional Budget Options December 2008

CHAPTER NINE BUDGET OPTIONS, VOLUME  
I: HEALTH CARE 175

### Option 96

## Introduce Minimum Out-of-Pocket Re- quirements Under TRICARE For Life

TRICARE For Life (TFL) was introduced in 2002 as a supplement to Medicare for military retirees and their family members who are eligible for Medicare. The program pays nearly all medical costs not covered by Medicare and requires few out-of-pocket fees. Because the Department of Defense (DoD) is a passive payer in the program—it neither manages care nor provides incentives for the cost-conscious use of services—it has virtually no means of controlling the program's costs. In 2008, DoD spent about \$8 billion on TFL-eligible beneficiaries in addition to amounts spent for those individuals by Medicare. This option would help reduce the costs of

TFL, as well as costs for Medicare, by introducing minimum out-of-pocket requirements for beneficiaries. Under this option, TFL would not cover any of the first \$525 of an enrollee's cost-sharing liabilities for calendar year 2011 and would limit coverage to 50 percent of the next \$4,725 in Medicare cost sharing that the beneficiary incurred. (Because all further cost sharing would be covered by TFL, enrollees could not pay more than \$2,888 in cost sharing in that year. Those dollar limits would be indexed to growth in average Medicare costs for later years.) The true out-of-pocket provisions in Medicare's prescription drug program, or Part D, are an example of how this option could work in practice. Under that program, any amounts paid by Medicare or by any other insurer are not included when calculating whether a beneficiary has reached the level of eligibility for catastrophic coverage. Currently, military treatment

facilities (MTFs) do not charge eligible individuals copayments for medical services or pharmaceuticals. In order to reduce beneficiaries' incentive to switch to MTFs and avoid the minimum out-of-pocket requirements that are central to this option, DoD would need to establish procedures for collecting payments from TFL beneficiaries seeking care from MTFs. If the savings that would accrue from reduced spending for Medicare were included, the introduction of cost sharing under this option would reduce the federal spending devoted to TFL beneficiaries by about \$14 billion through 2014 and by about \$40 billion through 2019. Approximately 22 percent of those savings would come from a reduced demand for medical services rather than from a transfer of spending from the government to military retirees and their families. An advantage of this option is that greater cost sharing would increase TFL

beneficiaries' awareness of the cost of health care and promote a corresponding restraint in their use of medical services. Research has generally shown that introducing modest cost sharing can substantially reduce medical expenditures without causing measurable increases in adverse health outcomes. Among its disadvantages, this option could discourage some patients (particularly low-income patients) from seeking preventive medical care or from managing their chronic conditions under close medical supervision, which might negatively affect their health.

RELATED CBO PUBLICATIONS: *Evaluating Military Compensation*, June 2007; *Military Compensation: Balancing Cash and Noncash Benefits*, Issue Brief, January 16, 2004; and *Growth in Medical Spending by the Department of Defense*, September 2003

## Obama VA Officials

The Department of Veterans Affairs has a new, high-profile chief messenger: disabled Iraq war veteran Tammy Duckworth. Duckworth, who lost both legs in 2004 in Iraq when her helicopter was struck by a rocket-propelled grenade, was confirmed by the Senate as VA's assistant secretary for Public and Intergovernmental Affairs. She will deal with Congress, veterans and their families, the news media, and the public. Duckworth will report to VA Secretary Eric Shinseki, a retired four-star general and former Army

chief of staff who is a disabled Vietnam veteran. Veterans' Affairs Committee chairman said Duckworth "can begin the long and hard work of improving the department's reputation and relations across the country." Iraq veteran Jon Soltz, who heads the group VoteVets.org, called the appointment a milestone: "We now have one of our own — a veteran of the wars we are now in — in a top administration position. [Source: NavyTimes article 4 MAY 09]

## IRS Website for Overseas Americans

The IRS has a brand spanning new website, chock full of goodies for overseas American taxpayers at: <http://www.irs.gov/businesses/small/international/article/0,,id=97324,00.html>.



Internal Revenue Service  
United States Department of the Treasury

## Prostrate Cancer

Men are being urged to carefully consider risks before undergoing prostate cancer screening in the wake of two large, long-awaited studies that did not produce convincing evidence that routine testing significantly reduces the chance of dying from the disease. Researchers reported 18 MAR the PSA blood test, which millions of men undergo each year, did not lower the death toll from the disease in the first decade of a U.S. government-funded study involving more than 76,000 men. The second study, released simultaneously, was a European trial involving more than 162,000 men that did find fewer deaths among those tested. But the reduction was relatively modest and the study showed that the tests resulted in a large number of men undergoing needless, often harmful treatment. Together, the studies cast new doubt on the utility of one of the most widely used tests for one of the most common cancers. "Americans have been getting screened for prostate cancer because there is this religious faith that finding it early and cutting it out saves lives," said Otis W. Brawley of the American Cancer Society. "We've been doing faith-based screening instead of evidence-based screening. These findings should make people realize that it's a legitimate question about whether we should be screening for prostate cancer."

Other experts were more circumspect, arguing that the European study did indicate at least some benefit for some men, and that the U.S. trial could eventually confirm

those findings as it follows the men for longer periods. But they agreed that the new findings should prompt patients and their doctors to discuss the risks and benefits of the testing. "It shouldn't be a knee-jerk response to get tested," said Christine D. Berg of the National Cancer Institute, which sponsored the U.S. study. "We should be telling these guys to go talk to their physician and say, 'In light of the current evidence and what you know about me and my health, what should I do?'" Some researchers, however, remain supportive of routine testing, saying the U.S. study has flaws that could have limited its ability to detect a reduction in deaths. "I don't think that screening should be summarily dismissed based on these trials," said E. David Crawford, a urology professor at the University of Colorado at Denver who helped conduct the U.S. study and heads the Prostate Conditions Education Council, which promotes testing. "I think they say we should be more smart when we screen."

The findings address perhaps the most important and contentious issue in men's health: how best to detect and treat prostate cancer. The disease is diagnosed in more than 218,000 U.S. men each year and about 28,000 die of it, making it the most common cancer after skin cancer and the second-leading cancer killer among men. The PSA test, which measures a protein produced by prostate tissue called the prostate-specific antigen, has significantly increased the number of prostate

cancer cases being caught at early stages. But it has been far from clear whether that translates into a reduction in deaths from the disease. Prostate cancer often grows so slowly that many men die from something else without ever knowing they had it. Because it is not clear precisely what PSA level signals the presence of cancer, many men experience stressful false alarms that lead to surgical biopsies, which can be painful and in rare cases can cause serious complications.

Even when the test detects a real cancer, doctors are uncertain what, if anything, men should do about it. Many are simply monitored. Many others, however, undergo surgery, radiation and hormone treatment, which often leave them incontinent, impotent and experiencing other sometimes debilitating or even possibly life-threatening complications. "I know guys who are morbidly depressed because of the complications of their prostate cancer treatment," Brawley said. "I know three people who attempted suicide. I know widows of guys who died from their treatment. There are significant harms associated with over-treatment of prostate cancer." Because of the uncertainty, many major medical groups have stopped recommending routine PSA testing. Nevertheless, its use remains widespread, and many experts were hoping the two large trials would help settle the issue. [Source: Washington Post Rob Stein article 19 Mar 09]





## Social Security Benefits

Many seniors believe that Social Security benefits are guaranteed and cannot be taken away by Congress. However, it is important always to understand that Congress has the authority to change the current benefit scheme or raise Social Security taxes at any time and for any reason. Under current law Congress collects Social Security taxes of more than \$785 billion from the current workforce of approximately 163 million workers. The money collected is used to pay out nearly \$585 billion to 50 million social Security recipients. The difference between what is paid out and what is collected, known as the surplus, is placed into a 2.2 trillion Trist fund and invested in non-marketable special issue government securities to meet future obligations. These special securities are similar to Treasury notes but are only available for purchase by the trust Fund

and related government owned trusts. The note serves to pay the costs of past debts and the expense of its current deficit. In other words, the surplus is traded for an IOU to the social Security trust fund.

The government spends the funds on everything from debt obligations, to illegal alien health care and things in between and beyond. But the government's debt keeps growing and at some point the IOU will come due. When it does, its payment means more borrowing, benefit reductions or higher taxes. As long ago as 1983, Congress accepted the Greenspan Commission recommendation to sharply increase payroll taxes for Social Security, raise retirement age, and reduce benefits because the program was going broke. Today, we face a similar situation. According to Social Security trustee estimates,

around 2016 the amount of social Security benefits paid will exceed taxes collected. When that happens, Social security benefits are defenseless against actions of Congress to reduce the earned benefit of Social Security. In the U.S. Supreme Court decision *Flemming vs. Nestor* (1960), the Court held that there are no accrued property rights to payment of Social Security benefits. Congress can do anything it wants. That means our trust in the program is a political promise from Capitol Hill. To secure that promise we need to protect our Social Security Trust fund, stop robbing our future and stop social security benefit cuts.

At the start of the 111<sup>th</sup> Congress, the Social Security Protection Act (H.R.236) was introduced by Rep. Ginny Brown-Waite (R-FL) to protect the Social Security beneficiaries against any reduction in benefits. If

enacted it would prevent Congress from the consideration of any legislation or joint resolution that reduces current benefits or cost-of-living increases to Social Security beneficiaries. The author of the bill is a strong veterans supporter as well as a key member of the House Ways and Means Committee, which is at the epicenter of decision-making on social Security. The bill would stand as a bulwark against the continuing raid on social security to pay for day-to-day operations and pork barrel projects. It would offer a special protection against congressional weakening of benefits and provide a measure of comfort to many "Americans who rely on their monthly retirement check for their entire retirement. [Source: NAUS Journal Mar/Apr 2009]

## SSA COMPASSIONATE ALLOWANCES PROGRAM

If you have a friend or loved one who has become disabled due to a serious medical condition, help may be on the way from the U.S. government—and more quickly than ever before. The Social Security Administration has set up a program called "compassionate allowances" to expedite disability claims for people with severe medical conditions. According to the Social Security website: "Social Security has an obligation to provide benefits quickly to applicants whose medical conditions are so serious that their conditions obviously meet disability standards." Compassionate allowances are a way for the Social Security Administration to fast-track benefits for people who have diseases

or other medical conditions that invariably qualify as disabilities under the agency's Listing of Impairments. Typically, such claims can be decided within days. "Compassionate allowances will allow Social Security to quickly target the most obviously disabled individuals for allowances based on objective medical information that we can obtain quickly," according to the Social Security website. The Initial List of Compassionate Allowance Conditions includes 50 severe diseases or medical conditions such as Acute Leukemia, Amyotrophic Lateral Sclerosis (also known as Lou Gehrig's Disease), and several types of cancer. For all the conditions on the list refer to

[www.socialsecurity.gov/compassionateallowances/conditions.htm](http://www.socialsecurity.gov/compassionateallowances/conditions.htm). The list was developed with the help of medical and scientific experts. The Social Security Administration also held a series of public outreach meetings: the first on rare diseases in DEC 07; the second on cancers in APR 08; and a third on brain injuries in NOV 08. The Social Security Administration may expand the list of Compassionate Allowance Conditions over time. [Source: AARP Sharon O'Brien article 6 Apr 09]



## DOD To VA Transition



President Barack Obama on 9 APR promised a more efficient record system to ease delays in health care for wounded veterans, as the government copes with more than 33,000 military personnel injured in wars in Iraq and Afghanistan. Under the new system, an electronic record would follow a service member in the military and then later in the Veterans Affairs Department's medical system. There is currently a six-month backlog in disability claims at the VA. Because the two agencies have different medical systems, veterans have complained about bureaucratic hurdles and long waits as they enter the VA system. Recounting the hundreds of stories he said he heard from frustrated veterans unable to receive needed treatment, Obama said: "It's time to change all that, it's time to give our veterans a 21st century VA." He said his new military and veterans affairs budget focuses heavily on more spending for diagnosing brain injuries and psychological disabilities that have gone untreated. "We have a sacred trust with those

who wear the uniform of the United States of America, a commitment that begins with enlistment and must never end. But we know that for too long we've fallen short of meeting that commitment. Too many wounded warriors go without the care that they need," Obama said. More than 1.6 million troops have deployed in support of the Iraq and Afghanistan wars. Of those, more than 33,000 have been wounded.

Obama made the announcement with Defense Secretary Robert Gates and VA Secretary Eric Shinseki. He said he's asked them to come up with a unified systems, and they've taken the first steps to do that. The electronic record keeping system would handle military service members' administrative and medical records from the day they enter service and insure that those files are transferred automatically to the VA when they leave active duty. As the president tackles the larger problem of health care for all Americans, he is proposing massive spending to enable providers to keep patients' records on com-

puter networks, a development that Obama says will cut costs in the long term and reduce medical errors. Obama has been pushing as well for increased spending for veterans, claiming those who have and are serving in Iraq and Afghanistan are not getting the care they deserve. The president's plan was praised by veterans advocates. "Historically, the onus for enrolling in the VA system has fallen on the service member once they come off active duty," said Ray Kelley, legislative director for AMVETS. The program introduced 9 APR will be part of overall Defense Department spending of \$47 billion on health care in the next fiscal year, the White House said. Over the next five years, the White House said, spending for veterans' affairs was set to grow by \$25 billion. There are more than 23 million veterans in the United States, and nearly 5.5 Million people sought health care at a VA facility last year. [Source: NavyTimes Kimberly Hefling article 9 Apr 09]

## Space A Travel Changes

Recent changes in the military space available (Space-A) travel regulations have increased the number of dependents traveling without their sponsor. As a result, there are a heightened competition for Space-A seats, especially to and from Europe, Hawaii and the Far East during

the summer months. The Space-A discussion board, found at [www.pepperd.com](http://www.pepperd.com) can help you keep track of the last category moved at most of the major choke-points in the Space-A system. If you are not up to speed on travel categories check out the breakdown at Frequently Asked Ques-

tions page [www.spacea.net/faq.html#categories](http://www.spacea.net/faq.html#categories). [Source: NAUS Weekly Update 22 May 09]



## TRICARE 4U

TRICARE4u.com website is the online resource for Tricare for Life (TFL) and Overseas beneficiaries and providers. The site allows both the beneficiary and provider to view claim status, their explanation of benefits, contact customer service in a secure environment and view patient eligibility. Those who have not logged onto their TRICARE4U account recently will be prompted to change their password the next time they visit the site. The requirement to change passwords is due to recent system upgrade, and all registered TRICARE4U users (beneficiaries,

providers and government users) will receive the automatic prompt. To start the password change process, sign-in at <http://www.tricare4u.com> with your username and latest password.

Beneficiaries should select "update security information" on their personal profile page;

Providers should select "update my account" on their homepage and then "update security information;"

Government users should select "update security" in the left hand navigation of their homepage.

The guidelines for creating that password are:

Passwords must be at least 8 characters long, but not longer than 20 characters.

Passwords must include at least one of each of the following:

- A capital letter.
- A lowercase letter.
- A number,
- A special character such as an asterisk \*, pound sign #, dollar sign \$, exclamation point !, @ symbol or plus sign +.

Passwords must not contain

spaces, brackets [] or {}, caret ^, back slash \, tilde ~ or vertical bar |.

Do not repeat any particular character more than twice in a row.

Do not repeat a password you have used before.

Do not include your Username or your first or last name in your password.

If you have any further questions or need additional assistance, contact TRICARE Overseas customer service at 1-608-301-2310 (Europe/Pacific), 1-608-301-2311 (Virgin Islands/Canada), or 1-877-616-5963 (Puerto Rico). [Source: Tricare News release 14 Apr 09]

## IRS Scams Against Americans

Recently, there were several reports of email and fax scams in our community. These emails and faxes claim to be from the IRS and use email addresses such as [service@irs.gov](mailto:service@irs.gov) or some other address containing "IRS". They usually tell you that you are due a refund and you need to provide verification information.

The IRS does not initiate taxpayer communications through e-mail or fax.

\* The IRS does not request detailed personal information

through e-mail or fax.

\* The IRS does not send e-mail or fax messages requesting your PIN numbers, passwords or similar access information for credit cards, banks or other financial accounts.

If you receive an e-mail or fax from someone claiming to be the IRS or directing you to an IRS site,

\* Do not reply.

\* Do not open any attachments. Attachments may contain malicious code that will infect your computer.

\* Do not click on any links. If you clicked on links in a suspicious e-mail or phishing web site and entered confidential information, visit the IRS Identity Theft page at <http://www.irs.gov/privacy/article/0,,id=186436,00.html>.

How to report phishing, e-mail scams and bogus IRS Web sites:

If you receive an e-mail, a fax, or find a web site you think is pretending to be the IRS,

\* Forward the e-mail, fax number, or web site URL to the IRS at [phishing@irs.gov](mailto:phishing@irs.gov).

\* You can forward the message as received or provide the Internet header (for instructions, see: <http://www.irs.gov/privacy/article/0,,id=183505,00.html>) of the e-mail. The Internet header has additional information to help us locate the sender.

\* After you forward the e-mail or header information to us, delete the message.

**RETIREE APPRECIATION DAY Is Scheduled  
For, Saturday, 19 September 2009. Mark Your  
Calendars For This Special Day. More To Follow.**



## Afterburner Update

Many of the 770,000 Air Force retirees and annuitants do not have computer access so they rely on a printed version of the Air Force retiree newsletter, the e-Afterburner. However, ever-rising printing and postage costs make providing hard-copy editions a tough fiscal challenge for the Air Force. Subscribers are being asked to forego receiving hard-copy editions by allowing their names to be removed from the newsletter's postal mailing list. Retirees and annuitants who receive the e-Afterburner by mail and have computer access should

send their full name, U.S. Postal Service mailing address, and the last four digits of their Social Security number to [afpc.retiree@randolph.af.mil](mailto:afpc.retiree@randolph.af.mil). They will then be removed from the hard-copy Afterburner mailing list, reducing printing/postal costs for a future printed version. An online version of the Afterburner, the e-Afterburner, is produced three times a year which can be accessed at [www.retirees.af.mil/afterburner](http://www.retirees.af.mil/afterburner). Whereas the printed version is sent only to retired Air Force members and surviving spouses eligible to receive pay and compensation

(when funding is available), anyone with computer and Internet access may read or subscribe to the e-Afterburner online. If you need to contact the e-Afterburner their address is HQ AFPC/DPSIAR, 550 C Street W Ste 8, Randolph AFB TX 78150-4713. E-mail address is [afpc.retiree@randolph.af.mil](mailto:afpc.retiree@randolph.af.mil) and the phone number is (210) 565-2126. Retirees may write to the co-chairmen of the Air Force Retiree Council by using the office symbol, HQ AFPC/CCU, at this address. [Source: NAUS Weekly Update 22 May 09]

## Social Security GOP and WEP

There are thousands of retired civilian government workers affected by the Government Pension Offset (GPO) and the Windfall Elimination Provision (WEP). These are two provisions of Social Security law. The provisions reduce benefits of retirees who have earned a pension through work in federal, state, or local governments and are also eligible for Social Security benefits based on their spouse's or their own earnings in Social Security covered employment. The reductions in some cases can result in the loss of an entire Social Security benefit and can be financially devastating when a spouse passes away:

The GPO affects federal retirees who receive a pension based on government work where they did not pay Social Security taxes. People affected by the GPO may

qualify for spousal or widow's benefits based on their husband (or wife's) work record under Social Security covered employment. But the GPO can reduce those benefits by two-thirds of your government pension. Say you get a monthly civil service pension of \$600. Two-thirds of that, or \$400, must be deducted from your Social Security benefits. If for example, you are eligible for a \$500 widow's or spousal monthly benefit from Social Security, you would receive only \$100. After the \$96.40 deduction for the Medicare Part B premium you would receive \$3.60 cents a month.

The WEP affects the Social Security benefits of federal workers who worked both in a job in which they paid into Social Security, and later one that did not withhold Social Security taxes, such as a govern-

ment agency or an employer in another country. Those with 30 years or more of Social Security covered by employment are not affected by the WEP. But those with less, as you discovered, face Social Security benefit reductions of as much as 60%.

The Senior Citizens League (TSC) believes these unfair reductions severely impact the income of people who spent their careers serving others in their communities, states and through their work in federal agencies. TSC supports legislation that would repeal the GPO and WEP. Two bills that do are The Social Security Fairness Act of 2009 (H.R.235) introduced by Representative Howard Berman (CA), and S.484 introduced by Senator Dianne Feinstein (CA). At present H.R.235 has 279 cosponsors and S.484 has only 20. Those who would like to see

these Social Security provisions eliminated or modified should contact their legislators and request they sign on as cosponsors of these bills. [Source: TSC June Advisor 20 May 09]







## Medicare Part B Premiums Update

New Social Security recipients and upper-income seniors could face a steep increase in their monthly Medicare premiums for the next two years, according to an analysis released 26 May by a nonprofit health research group. Millions more will see their finances squeezed if their premiums for Medicare Part D prescription drug coverage go up during that period. Congress could intervene to soften the blow, but doing so would be costly at a time of ballooning deficits. The study, by the Kaiser Family Foundation, points out that Social Security and Medicare trustees project no cost-of-living adjustment (COLA) to Social Security benefits in 2010 and 2011, and only a tiny one in 2012. The COLA is pegged to an inflation index, and the economic recession has erased increases in the relevant index.

In 2009 seniors received a 5.8% COLA, the largest in more than a quarter-century, but those days are gone for the near future. Over the next two years, however, monthly premiums for Medicare Part B coverage will increase sharply under existing law, which requires premiums to cover 25% of program costs. Part B pays for doctor bills and other outpatient costs, and the monthly premiums that seniors pay are deducted from their Social Security benefits. The 2009 premium for most beneficiaries is \$96.40 per month. Medicare trustees project Part B premium increases to \$104.20 per month in 2010 and \$120.20 per month in 2011. A "hold harmless" clause in existing law will protect about 75% of current Social Security beneficiaries from any increase in their Medicare premiums in the years when there is no

COLA, or when it falls below the increase in the monthly Part B premium. But many of the remaining seniors, according to Kaiser, could see their Part B premiums rise, cutting into their monthly Social Security benefits. Three beneficiary groups are impacted as follows:

The first group that will be hit by these increases, without receiving any COLA to offset the pain, are new enrollees in Social Security, Kaiser said.

The second affected class comprises relatively affluent Medicare beneficiaries — those with adjusted gross incomes above \$85,000 for individuals and \$170,000 for married couples, who already must pay a surcharge for their Medicare coverage.

The final group, the largest of those affected, is composed of low

-income seniors. But they will not have to pay the increased Medicare Part B premiums themselves. Instead, the Medicaid program, funded jointly by state and federal governments, will cover the increase. But that means higher Medicaid costs for those governments.

All Medicare beneficiaries who pay monthly premiums for the separate Part D prescription drug coverage could face a financial squeeze if those premiums increase over the next two or three years, unless they can find a cheaper plan, Kaiser said. "At a time of great economic uncertainty, with many seniors experiencing a significant decline in their retirement savings and with nearly two-thirds relying on Social Security for at least half their income, the projected absence of a COLA in the coming years could represent an added hardship for many recipients," the report said. [Source: Congressional Quarterly article 27 May 09]

## TRICARE User Fee Update

After three years of rejection, the Pentagon this year gave up, at least temporarily, trying to get Congress to approve increases in Tricare fees that have not changed since the program began some 13 years ago. That doesn't mean it won't try again in a future budget request. But streamlining the system with newfound "efficiencies" can, in the meantime, help slow the swift growth of defense health care costs, new Pentagon Comptroller Robert Hale said. Health care costs for active, reserve and retired service members and their families are spiraling out of control, Pentagon

officials say. According to a January study by the Defense Business Board, annual defense health care spending could grow to \$66 billion by fiscal 2015 — up from \$19 billion nine years ago. The Pentagon is seeking \$47.4 billion to fund health care in fiscal 2010, nearly 9% of its \$533.7 billion budget request. "Military health care is eating our budgetary lunch," Hale said. "We've got to find a way to work with Congress to provide high-quality health care and slow down the rate of growth." "The \$47 billion ... is obviously a significant price tag," said Cmdr. Darryn James, a Pentagon spokes-

man. "The Quadrennial Defense Review (QDR) will examine health care costs in an attempt to find the necessary efficiencies to slow down the rate of growth."

Officials have said to expect the latest QDR — a review of force management issues as well as programs and other priorities — by late summer. Meanwhile, possible health care savings being discussed include continued phase-in of an electronic health records system and promotion of incentives to encourage healthier behaviors among beneficiaries. One move already announced is the 1 MAY launch of an Outpatient Prospective Payment System, which Tricare says will let hospitals know in

advance how claims will be processed, reducing overall administrative costs by about \$458 million a year when fully operational. The Military Officers Association of America, which strongly opposed fee hikes for years, more recently has said it would not object to fee increases that are proportional to cost-of-living increases in retired pay. But MAAA has long argued that a more efficient health care system would cut costs. The association also continues to promote ideas such as expanded use of mail-order pharmacy services and having Tri-care cover co-pays on private insurance plans, which could encourage "working age" retirees to use their employer's health plans instead of Tricare. [Source: NavyTimes William H. McMichael article 15 Jun 09]



## Memorial Day Retreat 2009

Once again the retiree community at Misawa paid tribute to our fallen comrades at the annual Memorial Day retreat held on 21 May 09, along with formations of Navy and Air Force active duty, the retirees were present to render their respects. Col. Stilwell, 35 FW/CC provided the ceremony comments while the Base Honor Guard laid a wreath at the flag poles. After the

National Anthems of Japan and the United States were played, taps was sounded and a missing man formation of F-16s flew overhead to end the ceremony. We want to thank all those who set up the program that included the retiree's participation and those retirees who were able to come out and be part of this annual observance.



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35th Fighter Wing  
Misawa Air Base, Japan

## WE'RE ON THE WEB!

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Law Enforcement: 226-3600  
Emergency Room: Non-Urgent- 226-6647  
Emergency- 911 / Off Base 53-911

Medical/Dental Appointments- - -  
Medical: 226-6111  
Dental: 226-6700  
AAFES General Manager: 616-3780  
Commissary Officer: 226-3823  
Anthony's Pizza: 616-6300  
Pizza Hut: 616-5000  
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Fitness Center: 226-3982  
Library: 226-4083  
Misawa Clubs- - -  
Enlisted: 616-1889  
Officer: 616-1891  
Base Theater: 616-8701  
Taxi- - -  
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MISCELLANEOUS NUMBERS

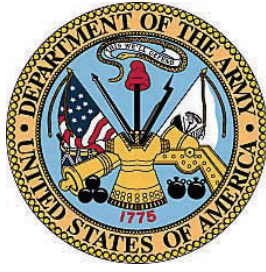
## Still Serving!

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 MSgt (Ret) Joe Roginski, 616-3566 or from off base, 0176-66-3566.

**Misawa Military Retirees Association meets bi-monthly on the first Tuesday, of even months, at 1700 hours, in the Tohoku Enlisted Club's Gray Room. All military retirees regardless of service affiliation are welcome as members. We are your 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.

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