

From: Ark-La-Tex Chapter of
The Military Officers Assn. of America
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The Military Officer Newspaper

The monthly Newsletter for Members of the Ark-La-Tex Chapter
of The Military Officers Association of America.
MOAA is the nation's largest and most influential association
of military officers. It is an independent, non-profit,
politically nonpartisan organization.

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5-STAR CHAPTER 2004 THRU 2011 - UNIQUE COMMUNICATION 2010-2011



VOLUME 01 ISSUE 32

Editor- Col. Steve dePyssler, USAF, RET

#385

1,440 Mailings

JANUARY 2016

The Affordable Care Act, your taxes and you

Under the Affordable Care Act (ACA), all Americans including all military members (active duty, retired, Selected Reserve, or Retired Reserve) and their eligible family members must have health care coverage that meets a minimum standard called minimum essential coverage or pay a fee. Your TRICARE coverage meets the minimum essential coverage requirement under the ACA.

“The term “active duty” means full-time duty in the active service of a uniformed service for more than 30 consecutive days”.

Beginning in January 2016, DFAS will be providing IRS Form 1095-C to all U.S. military members, and IRS Form 1095-B to all Retirees, Annuitants, former spouses and all other individuals having TRICARE coverage during all or any portion of tax year 2015. An IRS Form 1095 documents you (and your family members, if applicable) have the mini-

um essential coverage. More information will be forthcoming about the delivery method of these forms.

These forms will document the information that DFAS will provide to the IRS on yourself and your authorized family members. The forms will be required to be reported with your 2015 federal tax return. DFAS will provide you with IRS Form 1095 series forms no later than Jan. 31, 2016.

You can find more information about the impact of the Affordable Care Act on your federal income tax at: <http://www.irs.gov/Affordable-Care-Act>, or <http://www.dfas.mil/taxes/aca.html>.

You can act now to make sure your forms remain secure once they are available using myPay. Just look for the link to “Turn On/Off Hard Copy of IRS Form 1095” in your account and select Electronic Delivery Only. Your information will remain safe until you need it.



Barksdale Pharmacy construction continues

The Barksdale Pharmacy construction project has been slightly delayed. We were originally scheduled to be closed 14-18 December. That time frame will be pushed back until 11-17 January.

Starting 11 Jan to 17 Jan, the Satellite Pharmacy will be closed except for our drive thru, which will remain open for patients who previously called in refills to be picked up only. Any acute emergency prescriptions only, may be taken to the Main Pharmacy during these closed satellite pharmacy times.

We are continuously updating the automated refill line message to reflect the most up to date information. We are encouraging our patients to call that line and listen to the message before coming in.

Time has come for TRICARE beneficiaries to move their maintenance drugs out of retail

This December, TRICARE beneficiaries can take action to avoid paying more for some prescription drugs. If you fill a prescription for a select brand name maintenance drug (<http://www.health.mil/selectdruglist>) at a retail pharmacy, you may need to move your prescription to either a military pharmacy or TRICARE Pharmacy Home Delivery. If not, you may have to pay full cost of your prescription.

Beneficiaries can move their prescriptions by contacting the TRICARE pharmacy contactor, Express Scripts (ESI) at 1-877-363-1303 or by using ESI's secure online portal (<https://www.express-scripts.com/TRICARE/index.shtml>).

If you are an active duty service member, live overseas, or if you have other prescription drug coverage, and can continue using retail pharmacies

with no changes to your current copays.

The new rule began October 1, 2015, but allows you to get two 30-day refills of an affected drug from a retail pharmacy. For many, those two refills will run out in December and their next prescription refill needs to be through Home Delivery or at a military pharmacy.

If you're taking an affected drug, you should have received several notifications from ESI. You can also check by calling ESI at 1-877-363-1303.

TRICARE Pharmacy Home Delivery is a safe, convenient and low cost option to get maintenance drugs. You'll save up to \$176 a year for each brand name drug you switch from retail to Home Delivery. If you want to use a military pharmacy (<http://www.tricare.mil/mtf.aspx>).

make sure to check first to see if they carry your prescription.

For more information about this change to TRICARE's pharmacy benefit, visit www.tricare.mil/RxNewRules. If you are interested in learning more about the TRICARE pharmacy benefit, you can also listen to the upcoming TRICARE pharmacy webinar (<https://conference.apps.mil/webconf/TRICAREPharmacy>), featuring Dr. George Jones, chief of Pharmacy Operations at the Defense Health Agency. Tune in on Wednesday, December 9 at 12 PM, EST. The webinar does not require prior registration.

SOURCE: TRICARE News Release at http://www.tricare.mil/CoveredServices/BenefitUpdates/Archives/12_01_15_EMM_Followup.aspx



Rx home-delivery FAQs

The FY 2015 National Defense Authorization Act (NOAA) requires TRICARE beneficiaries to get certain prescription maintenance drugs from TRICARE Pharmacy Home Delivery or a military pharmacy starting Oct. 1, 2015. This initially affects 195,000 beneficiaries.

Q. Why the change? A new law requires the change to cut military health costs. Retail pharmacies are the most expensive option for beneficiaries and DoD. Military pharmacies or home-delivery options provide savings to both beneficiaries and the government.

Q. How will I know whether the change affects me? Express Scripts, TRICARE's prescription contractor, should have mailed letters to all beneficiaries affected by the change. Beneficiaries also can call Express Scripts - at (877) 363-1303 - to find out whether the change applies to their specific maintenance drug.

Q. What if I missed the Oct. 1 deadline? Affected beneficiaries who did not switch required maintenance prescriptions into the mail-order system by Oct. 1 should receive a reminder letter from Express Scripts. If medications still are not switched into the system, beneficiaries will be required to pay the full cost.

Q. Can I opt out after participating for one year (like the TRICARE For

Life pharmacy pilot)? No, there is no option to opt out. Waivers might be available to beneficiaries with special circumstances, such as living in a nursing home. Beneficiaries must call Express Scripts at (877) 363-1303 to request a waiver.

Q. I live in Arizona, where temperatures routinely are over 100 degrees. Won't drugs lose their potency if they ride around in a hot mail truck all day or sit on a porch or in a mailbox? Express Scripts' TRICARE distribution center is located in Tempe, Ariz. Officials say the temperature issue is mainly a longer-term storage concern. Sitting in a delivery vehicle or mailbox at higher temperatures will not cause a loss of potency for most drugs. Any potentially affected prescriptions are mailed in special temperature-controlled packaging and closely tracked to delivery.

Q. My spouse and I get our prescriptions from a military pharmacy. Will we have to sign up for mail-order refills and stop going to the base? No. Beneficiaries still can get refills through military pharmacies if they choose.

Q. I had difficulty getting a prescribed narcotic from the mail-order pharmacy. How will this be handled? Only refillable medications will be affected by the mail-order/military pharmacy requirement.

Pharmacy change

Beginning Oct. 1, most TRICARE beneficiaries were required to fill their maintenance prescriptions via TRICARE Pharmacy Home Delivery (mail-order) or through military treatment facility (MTF) pharmacies,

A provision - which began as a pilot program for TRICARE For Life (TFL) beneficiaries in 2013 - in last year's defense bill expanded the mail-order program to all TRICARE beneficiaries. However, unlike the pilot program, beneficiaries will not have the option to opt out of the program after one year.

Maintenance medications are used to treat long-term conditions like high blood pressure, high cholesterol, and diabetes.

According to the Defense Health Agency, moving TFL beneficiaries into the mail-order program helped result in almost 80 percent of the cost savings the agency claims.

"The overwhelming majority of people using mail-order give the program positive reviews for convenience and cost-savings," says Capt. Kathy Beasley, USN (Ret), a MOAA deputy director of Government Relations. "While it unfortunately restricts some choice for beneficiaries, this is one of the few programs that actually saves both the user and the government money."

Using mail-order for a 90-day supply of medication saves 66 percent from what retail locations charge.

Volunteers needed for Barksdale AFB Pharmacies

The Barksdale AFB Medical Group needs your help please. We are requesting volunteers to help staff our Pharmacies. We presently have over 40 outstanding volunteers that help every single day and we couldn't provide the outstanding help and services we do day in and day out without them. We are currently expanding our operations and would like your help and support please to meet our growing customers' needs.

If you would like to volunteer your time at our two base Pharmacies, our volunteers help with prescriptions from patients and verifying patient information such as name and date of birth of the patient. We'll ask you to compare this information to the prescription label when handing out medications in order

to ensure the right patients get their right medications. Volunteers also help out with our drive thru pharmacy, help collect third party insurance information, and even help go through our shelves and put medications away that are ready for patients but haven't been picked up in an effort to help save taxpayer dollars.

Getting set-up as a volunteer is easy and only takes a few easy steps and some training. As long as you're committed and are dependable, we can use your help. If you would like to join the Team and volunteer or would like further details, please contact Ms. Sakineh Reed or Mrs. Julie Reeves at (318) 456-8348 (option 5) or you may email MsgrRegieAlejandro at regie.alejandro@us.af.mil

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if your mailing label shows 2016 you have paid your dues and may disregard this notice.

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Director-
Col. Steve dePyssler

Specialty care referrals

Many TRICARE Prime beneficiaries receive primary care from providers in military hospitals and clinics. Occasionally, they may need to receive specialty care. When this happens, they must receive a referral from their primary care manager (PCM).

Getting a referral makes sure your regional or overseas contractor authorizes the care before you make an appointment. TRICARE rules require that if the care you need is available at a military hospital or clinic near you, and there is space available, you will be referred there first. Military hospitals and clinics have 90 minutes to accept urgent referrals and two business days to accept referrals for routine care. If your local military hospital or clinic does not accept the referral within that time, you will be referred to a network provider near you.

Your regional contractor will send a

letter with the name and location of your specialty provider. The letter will also tell you what care is authorized, the length of time you are authorized to receive that care, and the type and number of visits you are allowed before you need another referral.

Before making an appointment with the specialty care provider, call (<http://www.tricare.mil/callus>) your regional contractor 3-5 days after the PCM enters the referral to check the status. Try to take copies of your medical records, x-rays and lab results with you to see the specialist.

If you are overseas and are referred to a host nation provider, be sure to coordinate your care through your overseas (<http://www.tricare.mil/Plans/Enroll/TPO.aspx>) contractor.

SOURCE: TRICARE News Release at <http://www.tricare.mil/rofr102215>

TRICARE young adult premiums to increase Jan. 1, 2016

Premiums for the Military Health System's benefit plan for adult children between 23 and 26 years old have been announced. The premiums for TRICARE Young Adult (TYA) program will increase on Jan. 1, 2016 to \$306 per month for TYA Prime, and \$228 per month for TYA Standard.

Mary Kaye Justis, director of the TRICARE Health Plan explained the increase is due to the requirement in the National Defense Authorization Act of 2011 that TRICARE set TYA premiums to cover the full cost of health care received by the program's beneficiaries. Previous years' premiums were lower because TRICARE did not yet have sufficient cost data to set annual premiums. This coming year marks the first time TRICARE has had enough actual cost data to set the premiums based on actual

costs rather than predicted cost.

"We are required by law to be cost-neutral to the government, so the premiums had to be raised to cover the actual cost of care," Justis said.

TYA offers very generous, competitive coverage for young adults, Justis said. Although the premiums do not go into effect until Jan. 1, 2016, TRICARE leaders want to make sure TYA beneficiaries have all the facts now to make the best decision possible, based on their needs and circumstances, during the open enrollment season from Nov. 1, 2015, through Jan. 31, 2016.

"We like having young adults in our system and welcome them to stay on," said Justis. "But they do have options."

Other health care options for young adult beneficiaries include:

- Purchasing TYA Standard Lower premiums, higher cost shares instead of TYA Prime
- Enrolling in a parent's civilian health insurance plan, if available
- Purchasing coverage through the college or university, if enrolled
- Purchasing a plan offered through the Health Insurance Marketplace at www.healthcare.gov.

Lower cost plans may be available depending on income and residence, and assistance paying premiums may be available if beneficiaries qualify for government subsidies through commercial plans.

Visit www.tricare.mil/TYA for more information.

Barksdale AFB
Base info-
318-456-2252

2016 TRICARE Pharmacy Copayment Increases

Retail (30-day)	Current	House Proposal	Senate Proposal*	Final 2016 Law**
Generic	\$8	\$8	\$8	\$10
Brand	\$20	\$20	\$28	\$24
Non-formulary	\$47	\$47	\$47	\$47
Mail-Order (90-day)				
Generic	\$0	\$0	\$0	\$0
Brand	\$16	\$16	\$28	\$20
Non-formulary	\$46	\$46	\$54	\$49
Military Pharmacies	\$0	\$0	\$0	\$0

*Senate proposal included a multiyear plan to hike fees an additional 25 to 125 percent by FY 2020.

**At press time, the FY 2016 Defense Authorization Act was awaiting presidential signature.

Information about this publication

Published by Ark-La-Tex Chapter of MOAA. "Military Officers Association of America, Ark-La-Tex Chapter Newsletter" is published to inform members and family members of changes in legislation, defense policies and other matters affecting their military rights, benefits and obligations. It also contains information about Barksdale AFB and the local retiree community. While every effort is made to verify information in this publication, we can't guarantee the accuracy of information furnished by outside agencies.

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For questions about membership information, call (318) 456-4480.

Chapter Scholarship Announcement



Ark-La-Tex Chapter scholarship applications are now available for children, grandchildren, and great-grandchildren of chapter members in good standing (dues current for 2015 & 2016). Applicants must be graduating high school students, class of 2015, who will attend college in the fall of 2016. All scholarship applications will be evaluated on academic performance, earned honors, leadership, and involvement in school and community activities. Financial need is not a consideration.

The chapter will award a minimum of 16 academic scholarships with a value of \$20,000. Additional scholarships may be awarded depending on the generosity of chapter members when making a contribution to the scholarship fund when paying dues and additional funds donated for memorial or special designated scholarships. The Chapter has a matching scholarship program that will match scholarship donations for designed scholarship up to \$2,000. A donation of \$500 will be matched by the chapter to fund a \$1,000 scholarship or a \$1,000 donation will be matched by the chapter to provide a \$2,000 scholarship. For more information on matching scholarships, contact scholarship chairman George Finck.

The deadline for submitting completed applications is April 15, 2016. Scholarship selection results will be available after May 1, 2016. Scholarship applications may be obtained by calling Scholarship Chairman George Finck at (318) 965-4124 or e-mail at gfincksr@gmail.com. When requesting an application, provide the following information: applicants full name, mailing address, and high school. Also provide the name, rank, relationship and address of your Ark-La-Tex Chapter sponsor. Further scholarship information can be viewed at the chapter website at www.arklatexmoaa.org

Submitted by George Finck, Lt. Col. USAF, AF Cross

Brief summary of chapter programs

Listed below is a short summary of some of the programs completed by the Ark-La-Tex chapter in 2015.

1. Scholarship program - The chapter awarded 22 scholarship with a total value of \$30,000. Eighteen academic scholarships were presented to children, grandchildren or great-grandchildren of chapter members while four leadership scholarships were awarded to outstanding Junior ROTC cadets who will continue their military training at a college ROTC program or military academy.

2. Support of Junior ROTC - Our chapter presents National MOAA Leadership medals to over 20 Junior ROTC units in Northwest Louisiana. In addition we donated \$1,000 to the AFJROTC Summer Leadership School held at La Tech University. The funds were used to provide scholarships for students to attend the school.

3. Letters to the Front - We have sponsored this program in Bossier Parish Schools for the last 18 years. Over 75,000 letters, cards, drawings

and colorings have been sent to our troops in overseas areas. A complete article about this year's program can be found in this paper.

4. Christmas toys distribution - Each year toys are donated by chapter members and brought to our annual Christmas dinner. The toys are distributed to needy children in the local area. This year the toys were presented to students in two Headstart School in Bossier Parish. A chapter member plays Santa Claus to present the toys to the children.

5. Support veterans programs - Ark-La-Tex Chapter members worked with the Barksdale Retiree Activities Office to present programs honoring and recognizing area veterans. World War II veterans were honored at a luncheon on March 27, 2015 in Hoban Hall at Barksdale AFB. Korean and Vietnam veterans were honored with a luncheon on September 18, 2015 at Hoban Hall, Barksdale AFB. Over 400 veterans and guests were in attendance at each luncheon.

ARK-LA-TEX CHAPTER OF THE MILITARY OFFICERS ASSOCIATION OF AMERICA

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Scholarship/Letters To The Front: Director Finck

Transition Center: 3rd Vice President Slocombe

Web Master: Immediate Past President Jampole

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Overton Brooks VA Medical Center earns 1st Place in food drive

The Overton Brooks VA Medical Center earned 1st place among all VA's nationwide in a Feds Feed Families food drive, which provides non-perishable food items to local food banks. This marks the second straight year Overton Brooks has taken the top position among all VAs in the food drive.



O B V A M C serves Veterans in fifteen Louisiana parishes, 5 counties in Southern Arkansas and ten counties in East Texas.

NEW BAFB CLINIC IMMUNIZATION HOURS

Monday & Wednesday7:30-12
1pm-4pm
 Tuesday & Thursday7:30-12
1pm-3pm
 Fridayclosed morning
1:30pm -4pm
 Call 456-6740 for more info.

STATUS OF BEST VETERANS HOME BOSSIER CITY LA

The veterans home in Bossier City has been rated as outstanding in all inspections, Federal and State.

Col Lo Walker and Col Steve dePyssler initiated the action for building the home. It took 13 years from start to completion. Home is the only known home that has a full time doctor on staff

No monies for operation is needed from the state and income is received from various federal agencies such as Medicare, VA, and veterans income. Only known veterans home that has a permanent fund for any extra requirements for the home. Fund was established by Col dePyssler in Sept 2006 with \$50,000 (\$25,000 from dePyssler family and \$25,000 from friends) The fund has made grants of \$29,731 to the home and has value of fund of \$213,731. This may be the only veterans home in our nation that has a lifetime fund set up with annual grants of 4% annually to the veterans home.

Show Them You're Thankful for All The Care They Give

RANDOM ACTS OF KINDNESS
for Caregivers

IF YOU KNOW someone who takes care of a friend or loved one, then you know someone who probably could use a lift.

In recognition of National Family Caregivers Month in November, AARP challenges you to do a random act of kindness for a caregiver. (Need ideas? Steal one of ours, below.) Take a photo of your random act and post it on social media with the hashtag #BeKindToCaregivers. Challenge your friends to do the same for the caregivers in their lives. And, you can enter

to win up to \$2,500 for the most creative, original and meaningful act of kindness for a caregiver. See aarp.org/caregiverkindness for details.

- Cook her a meal and deliver it piping hot in time to relieve the chore of preparing dinner.
- If he longs to travel but can't find the time, send over a collection of your favorite adventure books.
- Buy some gift cards to his favorite restaurant and drop them off—or offer to take him out for a bite.

■ Offer to pick up the prescriptions for the person who is getting care and deliver them.



■ Help tutor her children, or if pre-calculus gives you a headache, hire a tutor to give them a hand.

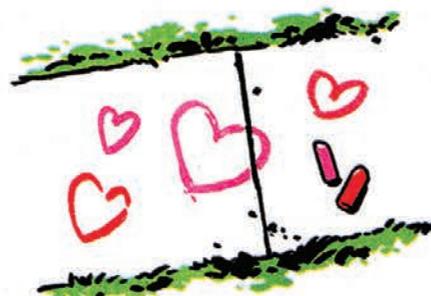
■ Send her a bouquet of flowers on a day you know will be filled with more than the usual number of challenges.



■ Write him a letter telling him you know of his sacrifices and you admire his perseverance.

■ Grab a couple of board games or a deck of cards and stop by for an evening of play.

■ Pick up her kids and take them to whatever after-school events are on the calendar.



■ Find a caregiving colleague at work and donate some of your vacation days to her.

■ Find out his favorite television show and send over a boxed DVD set.

■ Hire a credentialed massage therapist who makes house calls to see her in her home.

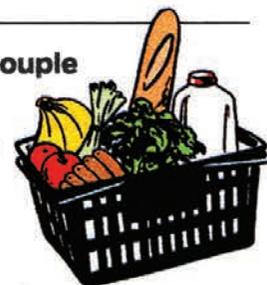
■ Gather a group of friends and decorate his house for the holidays.

■ Bake him a plate of his favorite cookies—then offer to share and chat.



■ Get your kids or grandkids to draw an encouraging message on the sidewalk outside his house.

■ Pick up a couple days' worth of groceries and bring them to his house.



■ If technology frustrates her, send over a geek to help get her devices working.

■ Help rake her leaves, clean her gutters or cut her grass, or hire someone who can do those jobs.

RANDOM ACTS OF KINDNESS FOR CAREGIVERS CONTEST NO PURCHASE NECESSARY. Void where prohibited. The contest is open to legal residents of the 50 United States (D.C.), 18 years and older. Contest ends 3/15/16 at 11:59 p.m. ET. For Official Rules and prize descriptions, go to aarp.org/caregiverkindness. Sponsor: AARP, 601 E St. NW, Washington, DC 20049.



Apply for Agent Orange benefits

The time frame and locations where U.S. troops were exposed to Agent Orange is much wider and more varied than many might realize. Since 1991, VA has presumed that any veteran who served in Vietnam during the war was exposed to the defoliant and encourages them to apply for benefits.

But eligibility also extends to vets who served along Korea's demilitarized zone during three specific years and those who operated or maintained Agent Orange contaminated planes in the United States more than a decade after the war.

For benefits purposes, VA presumes vets who served in the following locations during the time frames stated were exposed to Agent Orange:

- In Vietnam, vets must have served on its soil or operated vessels on its inland waterways between Jan. 9, 1962, and May 7, 1975.

- In Korea, vets must have served in or near the DMZ from April 1, 1968, to Aug. 31, 1971.

- At three specific locations in Ohio, Massachusetts and Pennsylvania from 1969-86, Air Force Reservists must have worked on or maintained aircraft that had sprayed the defoliant during the Vietnam War.

Additionally, Sen. Kirsten Gillibrand (D-N.Y.) and Rep. Chris Gibson (R-N.Y.) introduced legislation earlier this year that would grant the same eligibility to "blue water" Navy veterans who op-

erated off Vietnam's shore during the war. But the bills have yet to come before either chamber for a full vote.

Other vets who served during the war at air bases in

Thailand, locations where Agent Orange was stored or participated in Pentagon projects to dispose of the defoliant could be eligible, too.

VA provides benefits and compensation to any eligible vet who has any of the following diseases:

- AL Amyloidosis
- Chronic B-cell Leukemias
- Chloracne
- Diabetes Mellitus Type 2
- Hodgkin's Disease
- Ischemic Heart Disease
- Multiple Myeloma
- Non-Hodgkin's Lymphoma
- Parkinson's Disease
- Peripheral Neuropathy, Early-Onset
- Porphyria Cutanea Tarda
- Prostate Cancer
- Respiratory Cancers
- Soft Tissue Sarcomas

VFW encourages veterans to seek out one of its service officers for help when filing a VA claim. A list of VFW service officers by state can be found at www.vfw.org under the "Assistance" tab.

For more information, including Agent Orange eligibility criteria and application instructions, visit www.benefits.va.gov/benefits/.

COLA adjustment bill under consideration

In June, Sen. Johnny Isakson, with numerous cosponsors, introduced S. 1493, a bill that would authorize cost-of-living adjustments to the rates of compensation for veterans and survivors. The bill would direct the Department of Veterans Affairs to increase the rates of veterans disability compensation, additional compensation

for dependents, clothing allowance for certain disabled veterans and dependency and indemnity compensation for surviving spouses and children, effective Dec. 1, 2015. The bill was referred to the Committee on Veterans' Affairs for further consideration. As in recent years, this bill does not contain any round-down provision.

Bill to allow commissary privileges for vets

Bill introduced to allow exchange, commissary privileges for veterans

National Commander Moses A. McIntosh Jr. called upon DAV members to support H.R. 1292, a bill that would authorize service-connected veterans receiving disability compensation and their dependents access to Department of Defense exchange and commissary facilities. Their

access to these facilities would be on the same basis as if they were military members or dependents entitled to retired or retiree pay.

This bill is in alignment with longstanding DAV Resolution 095, which calls for legislation to extend commissary and exchange privileges to service connected disabled veterans and their dependents.

Prostate Cancer and Agent Orange

Veterans who develop prostate cancer and were exposed to Agent Orange or other herbicides during military service do not have to prove a connection between their prostate cancer and service to be eligible to receive VA health care and disability compensation.

About prostate cancer Prostate cancer is cancer of the prostate, a small gland in the male reproductive system. Some men may have urinary problems, but some men don't have symptoms early on. If you have any health concerns, talk with your health care provider. The greatest risk factor for prostate cancer is increasing age. Other risk factors include having a father or brother with the disease and being African American. Prostate cancer is often first detected with a PSA (prostate-specific antigen) blood test or digital rectal exam.

Talk with your health care provider about your risk and the pros and cons of screening. Visit Medline Plus to learn about treatment for prostate cancer, the latest medical research, and more from the National Institutes of Health. Reduce your risk for cancers and other diseases.

Here's how: Follow a healthy diet. Don't have more than 2 alcoholic drinks a day. Get help to quit smoking. Learn more about healthy living.

VA benefits for prostate cancer: Veterans with prostate cancer who were exposed to herbicides during service may be eligible for disability

compensation and health care. Veterans who served in Vietnam, the Korean demilitarized zone or another area where Agent Orange was sprayed may be eligible for a free Agent Orange registry health exam. Surviving spouses, dependent children and dependent parents of Veterans who were exposed to herbicides during military service and died as the result of prostate cancer may be eligible for survivors' benefits.

Research on prostate cancer and herbicides: The Institute of Medicine (IOM) of the National Academy of Sciences concluded in its 1996 report Veterans and Agent Orange: Update 1996 and in future updates that there is limited/suggestive evidence of a positive association between prostate cancer and exposure to herbicides used in Vietnam. A 2013 study conducted at the Portland VA Medical Center and Oregon Health and Science University found that Veterans exposed to Agent Orange are not only at higher risk for prostate cancer, but they are more likely to have aggressive forms of the disease. Read the abstract for the publication, Agent Orange as a risk factor for high-grade prostate cancer. View more research on health effects of Agent Orange. - See more at:

http://www.publichealth.va.gov/exposures/agentorange/conditions/prostate_cancer.asp#sthash.tBk8a9t1.dpuf (Source Veterans Administration)

Top-Up program and tuition assistance

Q: *I am currently in the Army. However, after reviewing the cost of the classes I want to enroll in and tuition assistance, I do not have enough money to pay for the courses. How does Top-Up work, and am I eligible to receive this benefit?*

A: Top-Up benefits may be an option if you plan to use tuition assistance to complete a degree program while on active duty, and don't plan to continue your education after service. Top-Up can also help when taking just a few courses with tuition assistance while on active duty, allowing you to save GI Bill benefits to complete your education after service.

Top-Up is only available to recipients of the Montgomery GI Bill-Active Duty or Post-9/11 GI Bill programs. The amount of this benefit can be equal to the difference between the total cost of a college course and the amount of tuition assistance paid by the military for the course. To be eligible for the Top-Up program, you must be approved for federal tuition assistance by a military department. You also must be eligible for Montgomery GI Bill-Active Duty or Post-9/11 GI Bill education benefits.

Carefully consider your situation, and check with your education officer or counselor before applying.

Barksdale AFB Casualty Affairs
Selina Lyle 318-456-2212

Louisiana earns 'F' for premature birth rate

A recently released 2015 report from the March of Dimes gave Louisiana an "F" for its 12.3 percent preterm birth rate and ranked it as the 46th worst state in its Premature Birth Report Card. Among Louisiana's cities, Shreveport and Baton Rouge fared worst - with Shreveport's 18.8 percent preterm birth rate even more dismal than the state's average.

Premature, or preterm birth occurs when a baby is born before 37 weeks gestation have passed. Babies born prematurely can face serious and long-term health challenges -

including breathing problems, jaundice, vision loss or cerebral palsy - as well as intellectual challenges, including delays in cognitive development.

Premature birth is the number one killer of babies and many of our families still face that fear.

The report also revealed two populations suffer disproportionately high rates of premature births, with black and Native American children having higher percentage rates of premature births than

Louisiana cities that failed

>> **Baton Rouge:** 13 percent preterm birth rate; "F" grade

>> **New Orleans:** 12.1 percent preterm birth; rate "F" grade

>> **Shreveport:** 18.8 percent preterm birth rate; "F" grade

>> **Lafayette:** 10.4 percent preterm birth rate; "D" grade

white children, and with white children having higher rates than Asian and Hispanic children.

Efforts to reduce the number of premature births include Medicaid reforms and a 39-week Initiative adopted by Blue Cross and Blue Shield of Louisiana. The state also has partnered with the Association of Women's Health, Obstet-

ric, and Neonatal Nurses for an initiative called Go the Full 40, which encourages hospitals to pledge they will not perform elective births - births in which women choose to have C-sections instead of carrying babies to full term - before 40 weeks of gestation.

Louisiana drivers ranked worst in nation

Car InsuranceComparison.com conducted a study ranking states using data such as number of fatalities and various traffic violations.

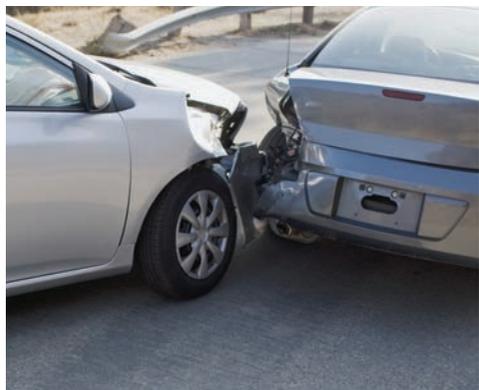
Louisiana comes in on the list at NO.5 for worst drivers in the nation.

The rankings are based on the number of fatal auto accidents per 100 million vehicle miles traveled in each state.

For Louisiana, that rate is 1.47. Massachusetts had the lowest rate at .58 fatalities.

Many other factors such as drunk driving, speeding, distracted driving and driving without seat belts also were considered when ordering the ranking.

The car insurance group said Louisiana drivers also ranked as the poorest performers when it comes to obeying traffic laws, wearing seat belts and maintaining a valid drivers' license.



5th ranked state for worse drivers in the nation

1.47 number of fatal auto accidents per 100 million vehicle miles traveled in Louisiana

.58 number of fatal auto accidents per 100 million vehicle miles traveled in Massachusetts

SEATBELT COMPLIANCE

85% Shreveport region

77% New Orleans region

79% Baton Rouge region



Have you made prearrangements for your family, or do you still have that to do? Leaving these decisions to your children on the worst day of their lives is a terrible emotional burden.

Call Today To Receive a **FREE** Family Planning Portfolio

Centuries Memorial
8801 Mansfield
Shreveport, LA 71108
(318) 686-4334

Hill Crest Memorial
601 Hwy. 80 East
Haughton, LA 71037
(318) 949-9415

Patricia N. Miramon

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Barksdale AFB

Base info- 318-456-2252

Letters to the Front report



The Ark-La-Tex Chapter continues to sponsor the annual Letters to the Front contest even though the national sponsor has discontinued the program. Since we still have troops fighting for our freedom in the war against terrorism, our Chapter Board of Directors felt that sending motivational letters to our troops was a most worthwhile Americanism project and they voted unanimously to sponsor the program again this year in Bossier Parish schools. Our point of contact to distribute the letters to our troops in Afghanistan and Iraq is Operation Support Our Troops, Inc., Shirley Olivieri Mathies, Chairman.

The Bossier Association of Educators (BAE) conducted the contest in Bossier elementary schools only this year. The purpose of this great Americanism pro-

gram is to produce motivational letters, cards, and drawing by school children that will be sent to our troops overseas to arrive prior to the Christmas season as a morale booster from back home. This contest produced 2,653 letters this year. All letters are screened for appropriateness and to identify grade and school winners.

I, personally, consider this chapter program a most worthy endeavor for a number of good reasons. The main reason, of course, is to let our troops overseas know that we appreciate their efforts and sacrifices on behalf of our country and our freedom. A second reason is that it makes our schoolchildren and teachers more aware that we have young Americans overseas fighting terrorism on their behalf. Some teachers even use the contest as a graded assignment to help students become familiar with the proper format for letter writing. It is also a great Americanism project for the schools and for our Chapter.

In addition to the letters, the Ark-La-Tex chapter donated \$400 to Operation Support Our Troops to help pay for postage to mail the boxes to our troops in remote parts of Afghanistan. Benton Air Force Junior ROTC helped by conducting a drive that produced three large bags full of items for the "goodie" boxes. VFW Post 4588 donated an additional \$100 for postage and provided an additional 400 essays, drawings, and colorings for our troops. In summary, over 3,000 letters were sent to our troops along with a large quantity of items for the Christmas boxes provided by Benton AFJROTC. \$500 was also raised to help pay for postage to mail the boxes overseas.

Our Chapter provides a medallion and a small cash award to the students who have submitted the best letters for their particular grade at their elementary school. Overall parish winners received an engraved medallion

and a larger cash award. The total cost to our chapter including postage is about \$750 and it is money well spent.

The following is a list of elementary school best letter winners:

NAME	SCHOOL	GRADE
Lachlan Asper	Legacy Elementary	1st
Madeline DeLaune	Sun Elementary	2nd
Amelia Downey	Platt Elementary	3rd
Allie Hemberger	Kingston Elementary	4th
Mark Elgelke	Apollo Elementary	5th

All the above winners were recognized at the December 16, 2015 Bossier School Board meeting where they received their awards and read their winning letters to School Board members and guests. Special recognition was given to Rachel Gifford, President of the Bossier Association of Educators, and coordinator for the contest in the elementary schools for her outstanding support of the program. The Bossier Parish School Board was thanked for allowing our Chapter to conduct the program in Bossier Schools for the last 18 years. We also greatly appreciate the efforts of all the Bossier teachers and students who participated in the Letters to the Front contest.

The Letters to the Front is a great Americanism program in support of our troops overseas. Over the past 18 years, Bossier students have sent over 75,000 letters, cards, and drawings to our troops in combat zones. We can be proud of our Chapter's contribution to the morale of our troops while making our schoolchildren more aware of the sacrifices the troops are making on their behalf, that freedom isn't free. Some sample letters written by the children of Bossier Parish are included in this newspaper.

Submitted by Lt. Colonel George Finck, Chairman

2nd grade winner



10-28-15

Dear Soldiers

Thank you for risking your life for us. Thank you for keeping our country safe. I want to thank you for your service. Thank you for being brave and powerful to fight. Thank you for fighting for our freedom. Thank you for everything.

Sincerely
Madeline



Madeline DeLaune - 2nd grade winning letter

3rd grade winner

10/23/15

Dear Service Member,

First of all I want to thank you for your service to our great country. Your devotion to our country is an inspiration to the boys and girls of America, because of your bravery we will be able to grow-up and achieve our goals in a wonderful, free world.

When I hear or sing our "National Anthem" I think of you and my heart swells with pride and tears flood my eyes.

Your family must be very proud of you! Your extended family (America) takes pride in knowing you have our backs.

Stand tall be proud, you represent America, and we represent you. God bless you, God bless America.

Sincerely
Amelia

Amelia Downey - 3rd grade winning letter

4th grade winner

Oct 14, 15

Dear Service Member,

I would like to thank you for all that you do for our country. I am sorry and I feel bad that you have to risk your life to keep us safe.

I am a military child so I know how your family feels. My dad has deployed many times. It is hard to go thru this. He has missed Birthdays, Christmas, Fathers Day, and more.

If I could have 4 wish, it would be to have every male and female, who have to deploy to never have to go out of sight, never see, or leave there families. Don't worry 6 months will be over before you know it.

You are a true and brave hero to me and your family and don't let anyone stop you from living your dreams. We all miss you from the moon and back.

Again I'd like to thank you for putting your loyalty to us. God Bless You

Sincerely
Your
Friend
Allie.

Allie Hemberger - 4th grade winning letter

Investing misperceptions

The media often doesn't do us any favors in the investment arena. More often than not, what's in newspapers, online, on TV, and on the radio does more harm than good.

It's not only what's said. It's the subliminal misguided perceptions of investing planted in our minds:

- The constant reporting of how the investment markets did at the end of every workday. The Dow Jones industrial average is up; the Dow is down. It implies a winner or a loser.

- Business news channels that follow the markets throughout the day and report on specific companies' stock values.

- Shows with stock pickers telling you to buy or dump various stocks based on their predictions.

- The rating of top mutual funds, stocks, bonds, etcetera, in magazines and newspapers.

- Articles touting must-own investments for wealth or comfortable retirement.

- Reports connecting negative national and world events to the markets and our investments.

- Conflicting advice: Do this one month, and do that the next month.

Too many of us are left with the impression that being a successful investor requires:

- daily or regular involvement;
- constant change;
- "playing" the stock market by timing the markets and your investment selections;

- moving your investments around among the funds in your 401(k), Thrift Savings Plan, or individual retirement accounts;

- picking funds based on those with the best reported returns;

- extensive education or training;

- a get-rich-quick scheme;

- listening to Uncle Joe for investment advice; or

- too much effort. You can't win at investing; therefore, it's not worth the involvement.

**FREE MOVIES AT
HOBAN HALL BAFB**

Following are free movies at Hoban Hall.
Movies start at 7 pm.

8 Jan: _____ Twelve o'Clock High
19 Feb: _____ New movie
11 Mar: ___ 30 Seconds Over Tokyo
8 Apr: _____ New movie
13 May: _____ Memphis Belle

There will be standard chairs, but you can bring your own for more comfort.

S&P 500 vs. Average Investor

	S&P 500 Index (TSP-C Fund)	Average Investor
30 years	11.1%	3.7%
20 years	9.2%	5%
10 years	7.4%	5.9%

Is America's retirement system broken?

It is broken, but not irretrievably broken. It isn't god-awful for everyone. It is great for some people and terrible for others. You can have two guys sitting next to each other in two offices making

the same paycheck and doing the same work, and because of different savings rates and different investment results, one can retire with \$3 million and the other with \$100,000.

RETIREE INCOME TAXES

Tax office will be located across from car Lemon Lot.
Phone: 456-4765

If you are interested in volunteering with preparing taxes there will be tax training class on 4 to 8 Jan (5 days) at the Education building room 213 from 7:30-4:30 each day

Tax Office will be open starting 19 January 2016

SrA Brendon Enriquez
456-1132 for more info

Is it really true that the average person retires with less than \$100,000 in savings?

It is more than that, but not dramatically more. The median retirement account is less than \$100,000, but that includes many young people. At retirement, the median account is between \$100,000 and \$200,000. But the median masks a huge variation from multimillionaires to people with literally zero.

Barksdale AFB
Base info- 318-456-2252

Demographic Challenge

Social Security will exhaust its reserves in part because the share of Americans reaching retirement age is rising relative to the workforce.

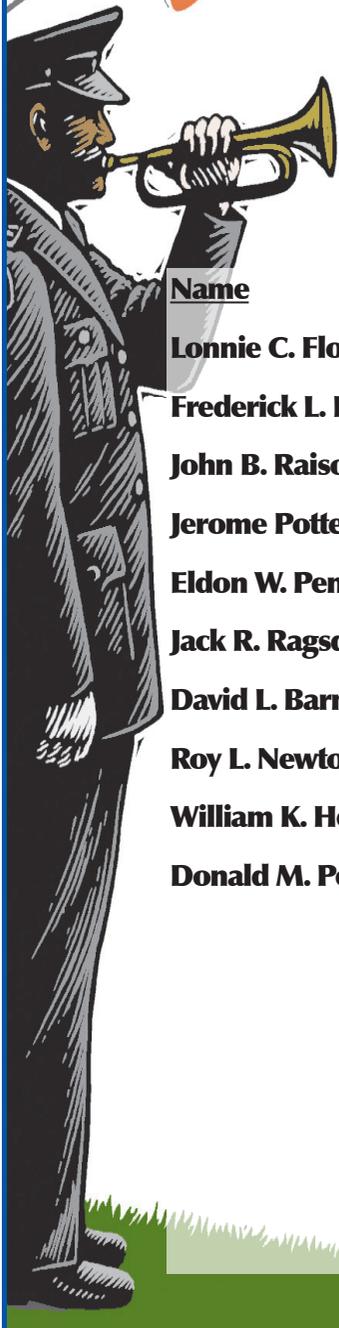
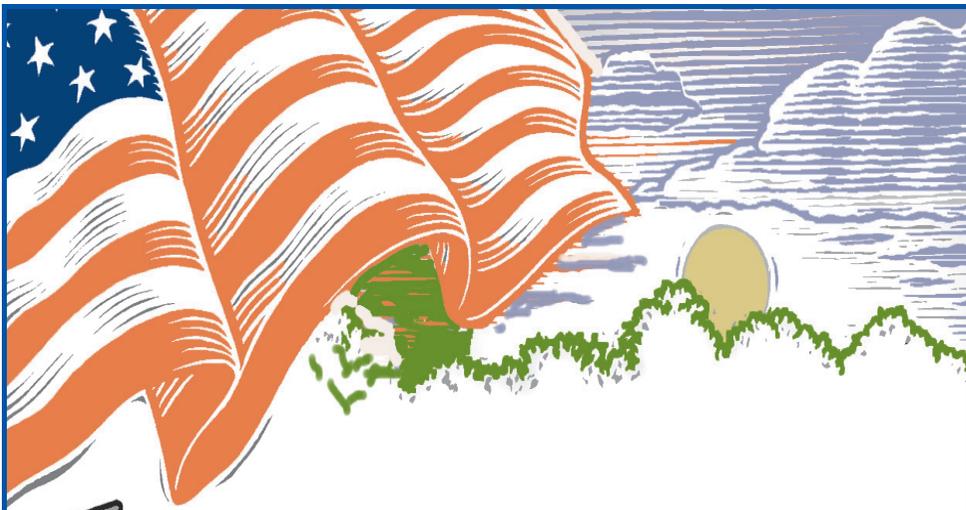
Retiree benefits trust-fund balance as a percentage of expenditures

Year	Percentage
1980	50
1990	100
2000	250
2010	380
2020	250
2030	100

Ratio of the population 65 and older to the population age 20-64

Year	Ratio
1980	0.18
1990	0.19
2000	0.20
2010	0.22
2020	0.30
2030	0.38

Note: Trust-fund balances are as of the beginning of each year; age ratios are as of July 1 of each year.
Source: Social Security Trustees report



November 2015 Retiree Deaths

Name	Date of Death	Service	Grade	Age
Lonnie C. Flowers	11-Oct-15	Air Force	TSgt	64
Frederick L. LeBlanc	31-Oct-15	Army	MSG	73
John B. Raison	6-Nov-15	Air Force	CMSgt	85
Jerome Potter	11-Nov-15	Air Force	Col	83
Eldon W. Pentecost	22-Oct-15	Air Force	CMSgt	85
Jack R. Ragsdale Sr	22-Nov-15	Air Force	MSgt	74
David L. Barnette	31-Oct-15	Air Force	TSgt	79
Roy L. Newton	14-Nov-15	Air Force	SMSgt	82
William K. Helm	16-Nov-15	Air Force	MSgt	72
Donald M. Peters	3-Oct-15	Army	MSgt	82

2015 Chapter Christmas Dinner-Enjoyable time had by all!



Widow/Spouse Deaths

Name	Date of Death	Veteran
Kathleen M. Reuter	24-Oct-15	SMSgt Earl W. Reuter (deceased)
Doris J. Shogren	15-Oct-15	CMSgt Leroy R. Shogren (deceased)

BAFB Veterinary Services

Barksdale AFB Veterinary Services, 480 Rickenbacker, Building 4125, Barksdale AFB, LA 71110

P: (318) 456-3923 • F: (318) 456-5330 • DSN: 781

Pets Living in Louisiana



Dogs living in Louisiana should be given monthly heartworm prevention and flea control all year long. Louisiana summers are very hot, so ensuring that outdoor pets have adequate shade and access to fresh water is essential. **DO NOT** leave your pet unattended in your car for even a few minutes. **Temperatures can reach over 125 degrees inside your car within 15 minutes with the windows rolled up;** the temperature is only slightly lower with the windows cracked for ventilation.

General Information

The Barksdale Veterinary Services Clinic/VTF is located in Building 4125 on Rickenbacker Avenue. We are open for over-the-counter sales and appointment scheduling from 0900- 1600 Monday through Friday. The clinic is closed on Saturdays, Sundays, all federal holidays, and on or about the last working day of every month for inventory. Our quality veterinary care is offered to all active duty, dependents, and retirees of the United States Military.

Available Services

1. Vaccinations including: canine rabies, canine distemper, parvovirus, kennel cough, influenza, feline rabies, feline distemper and feline leukemia.
2. Comprehensive blood work, radiology, heartworm, feline leukemia, rabies titer, and internal parasite testing.
3. Microchipping
4. Health certificates for travel
5. Minor sick calls
6. Prescription medications, including heartworm and parasite prevention products.
7. A variety of regular and medicated shampoos, ear cleaners, and teeth cleaning products are available at the recommendation of the staff.
8. The clinic does not accept walk-ins.

* All services are available once a valid veterinary-client-patient relationship (VCPR) has been established. This means that a veterinarian at a military installation must have seen your pet within the last 12 months*

The Microchip

A microchip is a small computer chip about the size of a grain of rice that is inserted just below your pet's skin, usually between the shoulder blades. This permanent chip can be scanned by veterinary clinics and animal shelters for pet owner identification. Some overseas countries require that pets be microchipped **PRIOR** to rabies vaccination and titer testing in order for these procedures to be valid.

Clinic Policies

1. All pets must be on a leash or in a crate to be allowed in the facility.
2. Children under 12 are not encouraged in the facility for safety reasons, so please make arrangements for your children before you come to your appointment. The VTF staff reserves the right to reschedule an appointment if we believe that the child may be placing themselves in danger by their presence or behavior.
3. All pets are seen by appointment only. Please provide a 24 hour cancellation notice if you cannot keep a scheduled appointment.
4. You must present your valid military ill card and payment at the time of service.
5. Louisiana law mandates annual rabies vaccinations for dogs and cats.
6. There may be occasions when you will be unable to get an appointment with the VTF. It is ultimately your responsibility to keep your pet current on all vaccinations, whether it is through the VTF or at an off base clinic. Failure to do so may result in loss of pet privileges on base and/or loss of base housing privileges.
7. Use of the Barksdale Veterinary Services clinic is a privilege, not a right and is mandated by the Barksdale AFB Instruction 32-1. Anyone who owns a pet on base or uses the VTF will be expected to know and comply with the BARKI 32-1.

Emergency Care

The Barksdale VTF does not have the capabilities to offer long term hospitalization, intensive care, illnesses or care requiring extended and/or prolonged treatment or after hours emergency procedures. For this reason, it is highly recommended that you locate and establish a veterinary-client-patient relationship with an off base veterinary clinic. The office staff can provide a list of local civilian veterinarians.





VA makes changes to Veterans Choice Program

WASHINGTON – The Department of Veterans Affairs (VA) today announced a number of changes to make participation in the Veterans Choice Program easier and more convenient for Veterans who need to use it. The move, which streamlines eligibility requirements, follows feedback from Veterans along with organizations working on their behalf.

“As we implement the Veterans Choice Program, we are learning from our stakeholders what works and what needs to be refined,” said VA Secretary Robert A. McDonald. “It is our goal to do all that we can to remove barriers that separate Veterans from the care they deserve.” To date, more than 400,000 medical appointments have been scheduled since the Veterans Choice Program went into effect on November 5, 2014.

Under the old policy, a Veteran was eligible for the Veterans Choice Program if he or she met the following criteria:

Enrolled in VA health care by 8/1/14 or able to enroll as a combat Veteran to be eligible for the Veterans Choice Program;

Experienced unusual or excessive burden eligibility determined by geographical challenges, environmental factors or a medical condition impacting the Veteran’s ability to travel;

Determined eligible based on the Veteran’s current residence being more than 40 miles driving distance from the closest VA medical facility.

Under the updated eligibility requirements, a Veteran is eligible for the Veterans Choice Program if he or she is enrolled in the VA health care system and meets at least one of the following

criteria:

Told by his or her local VA medical facility that they will not be able to schedule an appointment for care within 30 days of the date the Veteran’s physician determines he/she needs to be seen or within 30 days of the date the Veteran wishes to be seen if there is no specific date from his or her physician;

Lives more than 40 miles driving distance from the closest VA medical facility with a full-time primary care physician;

Needs to travel by air, boat or ferry to the VA medical facility closest to his/her home;

Faces an unusual or excessive burden in traveling to the closest VA medical facility based on geographic challenges, environmental factors, a medical condition, the nature or simplicity or frequency of the care needed and whether

an attendant is needed. Staff at the Veteran’s local VA medical facility will work with him or her to determine if the Veteran is eligible for any of these reasons; or

Lives in a State or Territory without a full-service VA medical facility which includes: Alaska, Hawaii, New Hampshire (Note: this excludes New Hampshire Veterans who live within 20 miles of the White River Junction VAMC) and the United States Territories (excluding Puerto Rico, which has a full service VA medical facility).

Veterans seeking to use the Veterans Choice Program or wanting to know more about it, can call 1-866-606-8198 to confirm their eligibility and to schedule an appointment. For more details about the Veterans Choice Program and VA’s progress, visit: www.va.gov/opa/choiceact.

CyberAttack: It’s Only a Matter of Time AF wants to buy 100 LRS-Bombers

As director of the National Security Agency, Adm. Michael Rogers is on the front lines of U.S. efforts to thwart cyber-warfare and cybercrime.

Adm. Rogers sat down with Dennis K Berman, the financial editor of The Wall Street Journal, to talk about the cyberthreats that concern him most and efforts by tech firms such as Apple Inc. to build products that protect user data from law enforcement. Edited excerpts follow.

Where the threats are

MR. BERMAN: *So how long until we have a digital Pearl Harbor here in the U.S.?*

ADM. ROGERS: It is only a matter of when before someone uses cyber as a tool to do damage to critical infrastructure within our nation. I’m watching nation states, groups within some of that infrastructure. At the moment they seem to be focused on reconnaissance, but it’s only a matter of time until someone actually does something destructive.

The second trend that concerns me, historically to date we’ve largely been focused on the extraction of data and insights, whether it be for intellectual property for commercial or criminal advantage. But what happens when suddenly our data is manipulated, and you no longer can believe what you’re physically seeing?

And the third phenomenon when I think about threats that concern me is what happens when the non-state actor, take ISIL for example, whose vision of

the world is diametrically opposed to ours, starts viewing the Web not just as a vehicle to generate revenue, to recruit, to spread the ideology, but as a weapons system.

MR. BERMAN: *Do we need to go on offense in ways that we haven’t before?*

ADM. ROGERS: I think clearly we have got to change the current dynamic. To date, most nation states, most groups, most individuals, have come to the conclusion that there is little price to pay for the actions they’ve taken.

Encryption debate

MR. BERMAN: *What’s your view on end-to-end encryption? Some in law enforcement say it allows criminals and spies to keep their activities secret.*

ADM. ROGERS: Strong encryption is in our nation’s best interest.

MR. BERMAN: *Impenetrable encryption?*

ADM. ROGERS: That isn’t what I said. Strong encryption is in our nation’s best interest. The challenge is, the technology around us is changing, and for the first time in a long time, we see an environment where criminal actors, nation states, groups, are able to harness the power of that technology in a way that defeats the ability to generate insight. The challenge is, how do we create an environment within a frame? work that we as citizens are comfortable with that enables the importance of these two imperatives [security encryption and the ability to generate insights as to criminal

behavior and threats to our nation’s security].

I’m a big believer that if we put our minds to this, we can figure out a way to do it.

MR. BERMAN: *You said something interesting at dinner. It’s the idea of a court-martial for someone who clicks on a phishing attack email.*

ADM. ROGERS: In the Department of Defense, we provide hundreds of thousands of people with weapons. We remind them, “We are giving you this capability for a specific purpose. You will use it only under specific situations for specific purposes. And you will ensure that that weapon is safeguarded at all times and you are accountable for it.”

We recently caught the Russians penetrating the Joint Staff network in the Pentagon. It boiled down to four individuals who clicked on a link in an email. I asked them, “What was going through your mind?” Because when I looked at the email, I said to myself, “Why would you have opened this? It makes no sense” And the answer I got was, “It was early in the morning. It was a Monday. I’m just blowing through my emails.”

If someone had said to me, “Hey, it’s lonely on post. It’s the middle of the night out in the middle of nowhere. I just pulled my gun out because I wanted to quick draw,” we would never accept that. So why are we willing to accept this kind of behavior in the cyberworld?

AF wants to buy 100 LRS-Bombers

By Lara Seligman
lseligman@militarytimes.com

The Air Force wants to buy 100 Long Range Strike-Bombers, Secretary Deborah Lee James said Dec. 2, a figure at the high end of the 80-to-100-aircraft purchase the service predicted earlier.

“I believe the number is 100,” James said at an event at the National Press Club, offering a rare detail on the service’s plans for the hush-hush contract awarded to Northrop Grumman.

The service has faced mounting pressure to procure more LRS-Bs than the planned 80 to 100 planes, particularly in the face of increased aggression from Russia and China.

Many advocates believe even 100 LRSBs are not enough. Lawmakers and analysts recently called for a fleet of as many as 200 next-generation bombers to project power in an increasingly dangerous world.

Retired Lt. Gen. David Deptula, former deputy chief of staff for intelligence, surveillance and reconnaissance, for example, has said the Air Force needs to build 174 LRS-Bs; 12 combat-coded aircraft for each of 10 squadrons; 30 dedicated to training and testing; and 24 for back-up and attrition reserve.

Block that nuisance phone call

IF YOU'D RATHER NOT GET another offer to fix you up with a “free” cruise, a few simple steps can eliminate most such annoying calls and text messages.

Start by adding your landline and cell-phone numbers to the Federal Trade Commission's Do Not Call Registry (www.donotcall.gov). Your number should appear on the list the next day, and most sales calls will stop after your number has been on the registry for 31 days. Registration does not expire, but it's a good idea to occasionally verify that your number is still listed on the Web site.

But that's only the first step. Political organizations, charities and companies with which you have done business within the past 18 months are exempt from the do-not-call restrictions. And robocalls, which use automated dialers to place calls (and which are generally illegal if they're trying to sell you something), won't be deterred, either phone companies may soon add features to protect customers from annoying calls and text messages, but for now you're mostly on your own.

If you have either a landline or a VoIP phone, which uses an Internet connection rather than a phone line, ask your phone company about anonymous-call rejection. This service weeds out calls from companies that have withheld their names and numbers from caller ID—a common tactic among robocallers. For more control over incoming calls, consider a device such as Digitone Call Blocker plus (about \$100). The box plugs into your phone line and allows you to approve welcome callers and banish others to a blacklist.

If you have a VoIP-based phone service, Nomorobo (www.nomorobo.com)

offers a simple solution. The free service, which works with Frontier, Verizon FiOS and Vonage, among others, compares incoming calls with a list of known robocallers. When a blacklisted call comes in, your phone rings, then drops the call.

BLOCK SMART PHONE CALLS AND TEXTS. To ban nuisance calls and messages from reaching your smartphone, use an app such as Truecaller (free; Apple and Android) or PrivacyStar (free; Android). These apps combine public databases with crowdsourcing and their own algorithms to identify annoying or suspicious calls and texts.

Most smartphones have built-in features to screen out unwanted calls. To block a number that has contacted your iPhone once from calling or texting you again, tap the info icon next to the number and select “Block this caller” at the bottom of the screen. Most Android users can do the same by selecting the nuisance call or text, clicking on the three-dot menu icon and choosing “Add to auto reject list.” Apple's latest iOS update cleared the way for content-blocking apps, such as IBlocker and Adblock Browser (also available for Android phones), to knock out ads that make it difficult to load or read content in your phone's browser. (Note: Some Web sites that are supported by ad revenue are beginning to block access to content by devices that block ads.) If an unwanted call or message gets through and you find yourself talking with a live person, firmly tell him or her to add you to the company's do-not-call list. If it's a robocall, just hang up—even if the recording invites you to press a number to opt out. You can file a complaint against illegal robocallers anytime and against telemarketers once your number has been registered at www.donotcall.gov for 31 days.



Free college/learning for retirees

Thirsting for knowledge ... or even that elusive degree? Many state universities and colleges waive tuition on credit-earning courses for residents 60 and older who meet certain requirements. Find free courses offered by hundreds of schools, and available to

folks of any age, at Coursera.org, Udacity.com and edX.org. And the Bernard Osher Foundation (osherfoundation.org) endows “lifelong learning” programs that provide inexpensive noncredit courses for students who are 50 and older.

Get a great deal on a new set of wheels

Kelley Blue Book predicted 17.4 million vehicle sales for 2015, the most since 2000. What's driving the market? Pent-up demand. The average car on the road is 11.5 years old. Low fuel prices also make people feel as if they have more spending power. You have a good set of cars and trucks to choose from, with trucks bringing people back into showrooms. There is a rebirth in demand for SUVs. Smaller ones, like the Mazda CX-3 and Jeep Renegade, are appealing because they fit into a sweet zone of fuel efficiency, functionality and cost.

Are low interest rates a factor? If you have a high credit score, it's common to be offered 0% interest. But even if you don't, a fair number of financing companies will figure out a way to work with you. There are a lot of six- or seven-year loans out there, so you can get a new car for relatively cheap monthly payments. Leasing is at record levels, too, at a recent average of 26% of all retail car sales.

Any other sweeteners? Besides low-rate financing, expect to get thousands of dollars off the sticker price. There are lots of deals on cars, especially fuel-efficient models like the Toyota Prius. Those models are struggling because trucks are so popular, and gas is inexpensive. As for in-

centives, Ford is offering a “Friends & Neighbors” deal through January 4 on almost everything, with aggressive price-cutting—\$275 over invoice, and more incentives can bring the price even lower. The other two U.S. makers are likely to jump in with similar deals.

What's your outlook for cars that drive themselves? We'll see autonomous vehicles [that could be driven hands-free in certain circumstances] on freeways in the next two years. Cars that can be autonomous off the freeway will show up a year or two after that. In five years, you'll start to see widespread availability of autonomous vehicles going anywhere, in any weather. Autonomous technology will show up on the most expensive vehicles first. But you'll be able to buy a cheaper car, then add the technology for a relatively low price. For example, Cadillac's 2017 CTS, a \$75,000-plus car, will have Super Cruise, which will make it essentially capable of autonomous driving on freeways. But for \$1,000, you can add Honda's Sensing package to any trim level on most new Hondas. It includes smart cruise control, lane-keeping assist and more.

Karl Brauer is the senior director of insights and senior editor for Kelley Blue Book.

Colleges filling the gap Where VA & DoD fall short, schools are stepping up

Student veterans often find Veterans Affairs and Defense department programs and services confusing and unhelpful, but colleges are helping to make up the difference for transitioning vets, a new study finds.

Six in 10 people surveyed in the Missing Perspectives study, conducted primarily by Syracuse University's Institute for Veterans and Military Families, identified working with the VA and using VA benefits, as a key challenge in their transitions.

Respondents also cited difficulty using and understanding the GI Bill and deficiencies in DoD transition assistance, as particularly significant obstacles.

The Post-9/11 GI Bill covers full tuition costs at most public and many pri-

vate colleges, while also providing stipends for housing and books to eligible vets and dependents.

“But as we're seeing, many of our service members feel that they're not able to navigate the bureaucracy in order to access these ... generous financial benefits, and that creates a barrier,” said Daniel Fay, a Mississippi State University professor who worked on the project.

When students get to campus, however, they find that school officials do a much better job of helping them understand and access their benefits, he added.

“We're seeing that colleges and universities are providing positive outcomes, positive relationships for service members in their transition,” Fay said.

Tax tip: Amending a tax return

If you realized you made an error after filing your 2014 tax return, you can fix the mistake by amending your return. File a Form 1040X if you need to make a change to your filing status, income, deductions or credits. The IRS says math errors and missing forms or schedules generally don't require a tax-

payer to amend a return.

You can check the status of your Form 1040X using the “Where's My Amended Return?” tool at IRS.gov, or call 866-464-2050 three weeks after you filed the return. And don't forget that a change on your federal return could also affect your state tax liability.



Divorce has impact on SBP coverage options

Air Force retirees who are enrolled in the Survivor Benefit Plan should notify the Defense Finance and Accounting Service of their divorce once finalized.

“Acting quickly after a divorce can avoid many pitfalls such as premiums being deducted beyond the date of divorce,” explains Tammy Hern, the Air Force’s SBP program manager. “If the divorce decree contains no language mandating the retiree’s need to elect former spouse coverage, ‘it is vital that he or she notify DFAS as soon as the divorce is final so SBP spouse coverage can be suspended and SBP premiums stopped.’”

Retirees within one year of the divorce must elect to convert spouse coverage to former spouse coverage when mandated by a court ordered divorce decree or if no court ordered requirement is imposed, the retiree may voluntarily cover the former spouse under the SBP. Failure to maintain SBP as instructed in the divorce decree may lead to contempt of court charges and re-

quire a lengthy Board for Correction of Military Record review to correct.

“Retirees who have SBP coverage must be familiar with the rules,” Hern said. “A lack of knowledge is rarely a justifiable defense should a dispute arise. This is why we continue to publicize SBP information in the Afterburner and post in-depth details on the AF retiree website.”

Retirees with suspended spouse coverage who remarry may elect to resume his/her prior level of SBP coverage, increase SBP coverage, or terminate spouse coverage for the new spouse within one year of the remarriage. Failure to notify DFAS of the new marriage within one year of remarriage will result in the prior level of coverage being automatically reinstated effective the date the new spouse becomes an eligible beneficiary.

For more information or help with changing SBP coverage, call 1- 877 - 353-6807 to contact the SBP or casualty assistance representative at the nearest Air Force base.

Tricare Update

FOR THE 2015 TAX SEASON, DoD will report health care coverage of military sponsors and their dependents to the Internal Revenue Service (IRS). This allows the IRS to determine whether you have the minimum essential coverage (MEC) required by the Patient Protection and Affordable Care Act. Because individuals and family members are identified by their Social Security numbers for tax purposes, sponsors should confirm all numbers are correct in the Defense Enrollment Eligibility Reporting System.

If the information is not accurate, your IRS-reported information will be incor-

rect. Those who have not met the MEC will be required to pay a fee for the number of months each family member didn’t have coverage.

Beginning January 2016, the Defense Finance and Accounting Service or your pay center will provide IRS Form 1095 to all who had TRICARE coverage during all or any portion of tax year 2015. These forms will be required to be reported with your 2015 federal tax return. DoD asks servicemembers, retirees, and annuitants to opt in to getting their IRS form electronically through myPay. For more information, visit www.tricare.mil/aca.

Will my Social Security benefits ever change?

Question: Once I start collecting Social Security, my benefit payments will never change — true or false?

Answer: This is a really bad question. Assuming you don’t keep working, Social Security benefits are CPI indexed, so they will change due to inflation, but not in real terms. So the answer can be true or false. Furthermore, if you collect early and earn enough to lose benefits due to the Earnings Test your benefit will be adjusted upward due to the Adjustment of the Reduction Factor. And if you earn enough after you start collecting to raise the average of your past covered earnings, called

the Averaged Indexed Monthly Earnings, your own retirement benefit will be increased under a provision called the Automatic Earnings Reappraisal Operation. So again, the answer can be true or false. And if you are taking one benefit, like a widow(er) benefit, and switch to a different benefit, like a retirement benefit, again the answer can be true or false. Finally, if you took it early, you can suspend your retirement benefit at full retirement age, in which case your benefit will change, but not your full retirement benefit on which the early retirement reduction and delayed retirement credits are calculated.

Social Security loopholes ending

Two Social Security loopholes that have boosted benefits for more than 100,000 married couples are disappearing. But for some people, there still is time to take advantage.

The recently enacted federal budget deal includes new Social Security rules that end the strategies known as “file and suspend” and “restricted application.” These strategies often net couples tens of thousands of dollars in extra benefits. Examples of how the strategies have worked over the past 15 years ...

File and suspend: A husband (it could be a wife) who has reached “full” retirement age (that’s 66 if he was born between 1943 and 1954) files for Social Security benefits but then immediately “suspends” them. His wife then files a claim to start collecting spousal benefits that are available only if her husband has filed for benefits—which he has. The benefits she collects, based on his past earnings record, are typically 50% of what his full-retirement age benefits would have been. Meanwhile, because his benefits are suspended, the size of his future benefits continues to grow by 8% a year as though he had never filed for benefits. The husband un-suspends his benefits at age 70, when they stop growing (or sooner if he wishes).

New rule: Spousal benefits (in this example, what the wife applies for) will not be paid as long as the husband’s benefits are suspended.

Restricted application: The husband

(it could be the wife) files for benefits after reaching full retirement age. His wife then files a “restricted application” for benefits based on his earnings record. Meanwhile, her potential future benefits based on her earnings history continue to grow—that’s the loophole. Eventually she switches from the spousal benefits to her own benefits.

New rule: If a spouse (say, it is a wife) files for benefits based on her husband’s earnings record, she is “deemed” to have applied for her own benefits, too, so she can’t delay hers and let them continue to grow.

WHAT THIS MEANS TO YOU

The new rules, details of which were still subject to change at press time, will not block everyone from using the two strategies. How the rules apply ...

If you have already filed a claim for spousal benefits based on your spouse’s earnings history and your spouse has suspended his/her benefits, you are grandfathered into the file-and-suspend strategy, so you can continue to receive spousal benefits.

If you will be at least 66 by April 30, 2016-180 days after the bill was signed—you likely will still be able to initiate the file-and-suspend strategy if you do so by that date.

If you will be at least 62 by the end of 2015, you still will be able to file a restricted application for benefits based on your spouse’s earnings, no matter when you file, even years from now.

Social Security benefits with a health savings account?

Q: I’m 66, still working, and would like to start my Social Security benefits. But I contribute to a health savings account through my employer. If I start Social Security, I’m told I’ll have to stop the HSA contributions. Is there a way around that rule?

A: Nope. It’s the law. As soon as you apply for retirement benefits, and you’re 65 or older, you are enrolled automatically in Medicare Part A (for hospitalization). There’s no opting out. And once on Medicare, you can no longer pay into a health savings account. However, you can keep the HSA funds that you already have and use them to pay qualified medical bills. Note: If you are older than 65 when you apply for Social Security, your Medicare application will be backdated by up to six months. So anyone with an HSA should stop contributing six months before claiming retirement benefits. Otherwise, penalties apply.

Former chapter scholarship recipient graduates

Hannah Ryan was the top recipient (\$3000) for a Chapter scholarship in 2012 and went to Tulane for her degree. She has recently graduated with a degree in public health and this fall will be commencing toward a Masters in Health Administration.

Federal student loans



Parents of high school seniors should file the Free Application for Federal Student Aid (FAFSA) at <https://fafsa.ed.gov>.

Student loans

Sign up at www.iontuition.com, for our favorite student-loan management tool, to organize and track your loans and even chat online with a loan counselor.

Free credit report

Go to AnnualCreditReport.com to receive free copies of credit reports from Equifax, Experian and TransUnion. You can get all three at once or stagger them throughout the year.

Adjustable home mortgage

Even if the Fed has been pushing up interest rates, it's not too late to refinance an adjustable-rate mortgage to a fixed rate.

Can Social Security be garnished?

If creditors and debt collectors are hounding you for money, you may wonder: Can Social Security be garnished? The answer is: It depends on to whom you owe money.

Banks and other financial creditors can't touch your Social Security benefits, but when the government is collecting on a debt, those funds are fair game.

The federal government can garnish your benefits for repayment of several types of debts, including federal income taxes, federal student loans, child support and alimony, nontax debt owed to other federal agencies, defaulted federal home loans and certain civil penalties. Supplemental Security Income cannot be garnished under any circumstance.

"The only way [for the government] to get SSI back is that sometimes Social Security will get it back because they found out you aren't entitled to it," says Martin Hoffman, senior partner in the law offices of Hoffman, Larin & Agnetti P.A., which has several offices in South Florida.

What you can lose

Among the government creditors that can grab a piece of your Social Security check, the strongest arm belongs to the IRS. Via the Federal Payment Levy Program, Social Security benefits are subject to a 15 percent levy to pay delinquent taxes. Unlike nontax debts to other agencies, for which the first \$750 of your monthly benefits are off-limits to garnishment, the IRS can take its 15 percent cut,

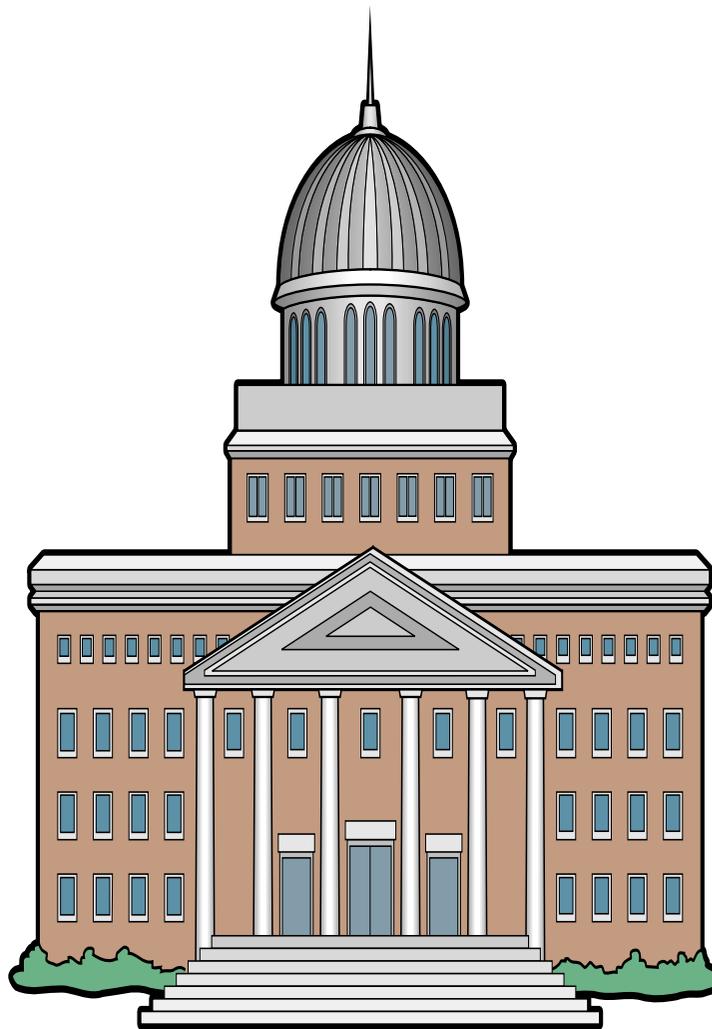
regardless of how little money you're left with. Lump-sum death benefits and Social Security benefits paid to children are not subject to this levy.

Once the IRS has sent its final notice of an intent to levy, you have 30 days to make payment arrangements before the agency starts docking your monthly benefits.

If you owe money on a student loan, it doesn't matter how long ago you were in school. A 2005 U.S. Supreme Court case (Lockhart v. U.S.) determined there is no statute of limitations on Social Security offsets to repay student loans. The government can shave off up to 15 percent, provided your remaining monthly benefit doesn't drop lower than \$750.

Delinquent child support and alimony cases are processed through the national Court Ordered Garnishment System. In these situations, the maximum reduction to your benefits depends on the state where you live. The garnishment is limited to either the maximum allowed under state law or the maximum under the Consumer Credit Protection Act, or CCPA, whichever is less.

Per the CCPA, you can theoretically lose up to half your benefits if you are supporting a child or spouse in addition to the one involved in the court order; 60 percent if you're not supporting another child or spouse; and up to 65 percent if the original court-ordered support is more than 12 weeks in arrears.



Uncle Sam's College Guide

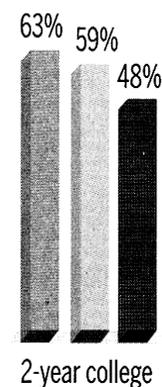
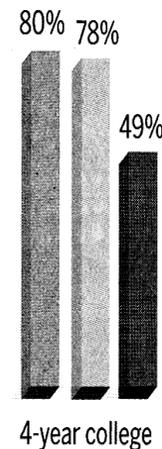
THE FEDERAL GOVERNMENT overhauled its College Scorecard website (collegescorecard.ed.gov) last month, and the result makes it easier to evaluate the financial side of higher education. Among the improved features: earnings data for recipients of federal student aid and data on the percentage of recent grads able to pay off their loans.

The new financial metrics drew caveats from some experts, who worried that the federal earnings numbers are too general to help students make wise choices. Mark Schneider, a former head of the National Center for Education Statistics and an adviser on MONEY's college rankings, noted that a student's major can have a bigger influence on earnings than the choice of college. MONEY has launched a new College Planner, including a personalized pricing tool, to help families calculate what they'd pay at each school. Premium subscribers to the Planner also get a free half-hour consultation with a college adviser. You can find out about these services and more at money.com/colleges. —KIM CLARK

IT'S PAYBACK TIME

Percentage of federal loan borrowers who had paid down at least \$1 of principal in the three years after leaving college.

■ Private
■ Public
■ For profit



SOURCE: Department of Education's College Scorecard

Video helps with end-of-life options

Physicians are often uncomfortable discussing end-of-life care options with terminally ill patients. Even when doctors raise the issue, they may gloss over the details. With little knowledge of their choices, patients often agree to aggressive treatment even when there's no hope of survival.

But a series of new videos are helping to jump-start the conversation-and giving patients more power over how their last days will play out. The videos, which were developed by Harvard Medical School doctors, present three end-of-life options: life-prolonging care, limited care or comfort care (see box). About 200 hospitals, clinics and health systems, including Kaiser Permanente, are showing the videos to dying patients.

Mitsuo Oshiro, 81, of Kaimuki, Hawaii, watched the video in February after he was diagnosed with esophageal cancer. Oshiro knew he didn't want to die like his wife did in 2002 from lung cancer-tethered to machines in the intensive-care unit. But he wasn't sure of his options.

Oshiro's daughter, Lena Katekaru, 53, sat with her father during the video. "while we watched the video, my father was nodding in agreement" to comfort care. They even watched a Japanese version. "I wanted to make sure he understood," Katekaru says.

The video portrayed each option "objectively," she says, including the possible cracked ribs during CPR and metal breathing tubes inserted down dying patients' throats during life-prolonging care. Oshiro opted for hospice care, which focuses on alleviating, suffering rather than on treating his cancer.

Giving Patients More Say

Like Oshiro, most people prefer to die at home, surrounded by family and friends. However, people often die in hospitals-even when an advanced-care directive spells out preferences for palliative care.

The Hawaii medical establishment is leading the charge on involving patients in advanced-care planning. The Hawaii Medical Service Association, the state's Blue Cross Blue Shield affiliate, is underwriting the effort to distribute the videos to every hospital, nursing home, hospice and doctor's office. The 30-plus videos are available in several languages and cover topics including advanced dementia, heart failure, advanced cancer and introduction to hospice.

The videos-and the ensuing conversations with patients-help the physicians as well as the patients.

In the U.S., doctors are trained to take a no-holds-barred approach to prolong the lives of dying patients, using resuscitation and high-tech interventions. A lot of people end up receiving aggressive care "by default," says Dr. Rae Seitz, medical director of the Hawaii Medical Service Association.

Several thousand patients have used the videos during clinical field tests, says Dr. Angelo Volandes, a Harvard Medical School doctor and co-founder of ACP Decisions, the nonprofit that makes the videos. Researchers have found that dying patients who watch the videos are less likely to opt for aggressive care than if they're simply told their options during a conversation with their doctor. "Delivering medical care at the end of life that is aligned with patient preferences is a critical ingredient of high-quality medical care," says Volandes. The videos are available to patients only through a health care provider.

After watching the video with his daughter and doctor, Oshiro signed a "physician order for life-sustaining treatment" (POLST), a directive that acts as a medical order to doctors. The order, which is signed by seriously ill patients and their doctors, goes into the medical record. While advance directives provide guidance perhaps years before an actual event, a POLST is a medical order the health care clinicians must follow.

End-of-Life talks 2015-style

After many teasers and disappointments for doctors and patients, November 1, 2015 made medical history. Medicare began compensating physicians for end-of-life dialogues with their patients. No longer will those urgent appointments need to be scheduled under the guise of addressing some other issue. Before 11/1/15, doctors resisted such talks; they were difficult and lengthy, and there was no payment for them.

This is a momentous occasion. Doctors won't have to rush through their comments and their listening on the run, concerned about their bottom line, utilizing their time only in "other" talks that pay.

Patients need now to openly and boldly request a dialogue to help clarify and share their final wishes and options, so that when the time comes, there's no guessing, especially when the patient is unable to speak for himself. Included is the patient's entire philosophy about whether they want everything reasonable done even if the chance of keeping them alive is tiny, or whether they'd prefer an exit from extreme suffering. Specifics would be documented: a preference for dying at home rather than in the hospital? The use of a ventilator for breathing and/or a feeding tube for nourishment? What might be the repercussions of each?

A state-specific, concise document will help you decide in advance what you will accept or what procedures are out of the question for you. (ERGO has these at very low cost.) Doctors can tell you your personal odds for the success of each option, so that you can make more informed decisions.

These conversations must take place before a crisis happens. Without them the healthcare system can easily go on autopilot, undertaking invasive and sometimes-painful procedures that often prolong death rather than improve the quality of a patient's life, called the "over-medicalization of dying," by Atul

Gawande, author of *Being Mortal*.

Envisioning one's end makes for hard conversations on the patients' part, and the same for many physicians. Not known for their communication skills altogether, add the tough subject matter and a scared patient and the results could be awkward silences, questions not asked, information not volunteered. Some skilled and confident physicians handle such interviews with sensitivity and compassion. Others are poorly trained or just more introverted and find themselves in over their heads.

At those times maybe the patient would find confidence not to wait for the doctor to chair the meeting, instead seizing the initiative and leading the session, making it easier for an inept doctor/communicator by asking lots of really tough questions (jotted down in advance), probing into an answer that was "generic" or vague, speaking in the patient's most audible voice. Reticent doctors would likely be relieved! Remember that both doctors and their charges are on unfamiliar ground. Show them how!

Be prepared to learn what "No!" sounds like, emerging from your-or your proxy's-mouth, even in response to a routine procedure-like a blood test-which may be painful to the patient and could be phony posturing, as if the staff is professing to look for "cures" while knowing that they are futile.

The relationship between a patient and a physician is somewhat like a foot and a shoe. Not all shoes fit all feet. So depending upon how your conversation goes, you may find you need to go shopping.

Medicare has just released information detailing the newest of the Obama administration's health care initiatives and how the new program will be implemented. Please visit our website www.finalexitnetwork.org for more details.

Video Describes Three End-of-Life Care Options

Life-prolonging care extends life at any cost and includes CPR, intubation, mechanical ventilation and intensive-unit care.

Limited medical care maintains basic physical and mental functions, with hospitalization, intravenous fluids and antibiotic treatments. It excludes CPR, intubation, mechanical ventilation and care in the intensive unit.

Comfort care focuses on comfort and alleviating suffering, and typically includes medications to relieve symptoms. It avoids hospitalization, unless necessary to provide comfort.



Genetic testing for breast cancer 5 medical tests you should avoid

Marisa Weiss, M.D., president and founder of Breastcancer.org tells Health Radar millions of women face higher risks for breast cancer because of family history of the disease. For them, genetic testing may be a good idea.

“Only 10 percent of breast cancers are due to a high risk of inherited genetic mutation,” she explains, “but if you know you have that mutation you can take key steps to reduce the high risk.”

Risk factors for breast cancer that should prompt discussions about the benefits of genetic testing for BRCA1 and BRCA2 genes include:

- A family history of breast cancer,

with multiple relatives diagnosed (including men) with it, especially under the age of 50.

- A family history of other cancers such as ovarian, pancreatic, melanoma, colon, and thyroid cancers.

- Women who have been diagnosed with so-called “triple negative” breast cancer - in which the three most common types of receptors known to fuel tumor growth - estrogen, progesterone, and the HER-2 - are not present in the cancer cells, making them harder to treat.

- Jewish women of Eastern European descent, who have a substantially greater genetic risk of developing breast cancer.

Can my doctor refuse to provide services?



Q: A doctor I’ve seen for many years refused me services after I went on Medicare. Do physicians have the right to do this?

A: Yes. Doctors are private practitioners who are free to limit their caseloads in any way they want. They can even opt out of Medicare altogether. The vast majority of physicians participate in Medicare, but some limit the number of new Medicare patients they accept. The Medicare website provides a directory of physicians who accept Medicare. Go to medicare.gov/physiciancompare/search.html. You will need to call those in your area to find out whether they’re accepting new Medicare patients. -Patricia Barry, author of the AARP book *Medicare for Dummies*, 2nd Edition (September 2015)

Officials clarify Survivor Benefit Plan laws

The rules governing changing Survivor Benefit Plan coverage from a former spouse to a current spouse upon the death of the covered former spouse are based on law.

Under current law, the retiree’s ability to change his or her SBP election from “Former Spouse” coverage to a current “Spouse” beneficiary may be limited.

Any retiree who is married and elects “Spouse” coverage at retirement, then divorces that spouse and elects “Former Spouse” coverage, cannot elect to cover his or her current spouse after the former spouse’s death.

It does not matter whether or not the “Former Spouse” SBP coverage was court-ordered. Once the former spouse dies, the retiree cannot convert his or her election to cover a new spouse, according to officials at the Defense Finance and Accounting Service.

If a former spouse is currently living and the retiree wants to change his or her

election from “Former Spouse” to “Spouse” coverage, this can be done; however, if the “Former Spouse” SBP coverage was initially established pursuant to a court order, changing the election will require a new court order.

Department of Defense officials have submitted a legislative proposal that will allow retirees to resume participation in the Survivor Benefit Plan and elect a new spouse beneficiary in cases where the former spouse beneficiary dies. This proposal contains a provision that allows retirees who previously attempted to convert coverage to a current spouse after a former spouse dies the opportunity to reapply for consideration.

The Air Force Retiree Services staff is tracking this proposal very closely and will publish any updates in the Afterburner. For more information on SBP, see www.retirees.af.mil/sbp or contact an SBP counselor at the nearest Air Force installation. (Courtesy of DFAS)

Some common medical tests can do more harm than good, waste billions of health care dollars, and could actually endanger your health. The American Board of Internal Medicine along with AARP surveyed 50 medical societies to determine which tests or treatments are often unnecessary.

PSA to screen prostate cancer. The PSA (prostate-specific antigen) test often finds slow-growing cancers or flags other noncancerous conditions that aren’t life-threatening. Yet many men with a high PSA result undergo ultrasounds, lab tests, biopsies, and aggressive treatments for a problem that isn’t there. While PSA tests make sense for some men, not all benefit.

PET scan to diagnose Alzheimer’s. This test uses a radioactive dye to look for beta-amyloid proteins. But it may falsely raise concerns in 30 to 40 percent of older people whose memories are fine. The best course is to have a complete evaluation by a doctor who specializes in

treating dementia.

Yearly Pap smear tests. Women with an average risk only need the test every three years because cervical cancer takes 10 to 20 years to develop. If women have also negative tests for the human papillomavirus (HPV), which is known to cause the cancer, they only need a Pap test every five years.

Bone density scans. Testing in women before the age of 65 and men before the age of 70 is largely useless. For the 10 million American men and women who have osteoporosis, medication can be helpful. But for those ages 50 to 65 with mild deterioration called osteopenia, medications can be a waste of time and money, often causing severe side effects.

Colonoscopy after age 75. If you’ve had normal colonoscopies by age 75, you can stop taking this screening test, say experts. That’s good news, because colonoscopies can cause serious complications in older people.

TFL and in-home health care

Q. My dad, 88, and mom, 84, are covered by Medicare/Tricare for Life. Mom needs care 24/7. Dad doesn’t want her to go to a skilled nursing facility, so we’re trying to keep her at home as long as possible.

We use an in-home health service to offset some of the family caregiving. But it’s becoming a financial burden for my father. Does Tricare cover any in-home health services?

A. Yes, Tricare does cover home health care services - to a point.

Basic in-home care authorized under Tricare includes part-time and intermittent skilled nursing care; home health

aide services; physical, speech and occupational therapy; and medical social services - in essence, the same in-home services covered under Medicare.

But obtaining prior authorization from Tricare is a must for in-home healthcare, and beneficiaries may be charged separately for certain types of equipment and medications required in connection with that care.

Bottom line, your dad quite likely does not have to cover all the expenses exclusively out of pocket. Get all the details from the Tricare for Life contractor, Wisconsin Physician Services, at 866-773-0404.

Are children eligible for Tricare?

Q. My husband is retired from the military, and we have our two kids still living with us. My daughter is 20 and fresh out of school, with no job and no income or health plan of her own. My son is 19 and will also be out of school in a few months, and likely will be in a similar situation. Are they still considered dependents with full Tricare benefits?

A. Yes, both children are eligible for Tricare until they reach age 21 regardless of their employment or income status, with the somewhat large caveat that they must remain unmarried. They may stay covered under Tricare until age 23 if they are full-time college students at the time they turn 21.

What’s more, upon reaching age 21

(or age 23 if full-time college students), your kids may well be eligible for extended coverage under the Tricare Young Adult program, although that option requires enrollment and payment of monthly premiums, and also requires that the child remains single. There are some other requirements as well. TYA coverage may last until age 26.

More details on Tricare for dependent children are here: www.tricare.mil/Plans/Eligibility/Children.aspx.

Specific information on Tricare Young Adult is here: www.tricare.mil/Plans/HealthPlans/TYA.aspx.

Email tricarehelp@militarytimes.com. Include the word “Tricare” in the subject line and do not attach files.



RUSSIA

The costs of Russia's war in Ukraine

The Atlantic Council, a nonpartisan research organization based in Washington, D.C., is keeping track of Russia's assault on Ukraine. Here's the analysis as of late 2015:

Russia has seized approximately 9 percent of Ukrainian territory.

The Russian-backed, Russian-fo- mented, Russian-funded and increas- ingly Russian? manned war against Ukraine has wounded 30,000 people and killed 6,200, including 298 aboard a civilian airliner shot down by Russian air-defense systems.

The war has displaced 1.38 million people.

Radio Free Europe/Radio Liberty, cit- ing Russian news organizations, has re- ported that more than 2,000 Russian families have received compensation for relatives killed in Ukraine. Another 3,200 soldiers wounded in battle also re- ceived compensation, according to Rus- sian federal budget documents cited by RFE/RL.

U.S.A.

Greater risks for women in combat

"Female soldiers suffered double the

rate of injuries compared with male col- leagues in Army combat training," The Washington Times reports, citing statis- tics obtained by the Center for Military Readiness (CMR).

CMR filed Freedom of Information Act requests with the Army, focusing on women in "combat job experiments" dat- ing back to 2012. "Data showed that women in the occupational specialty of artillery surveyor/meteorological crewmember suffered more than double (113 percent) the injuries of men," ac- cording to the Times. "Women in basic combat, combat vehicle maintenance and engineers training produced the same lopsided injury ratio."

"The Department of Defense and Congress need to seriously consider the consequences of physical inequality be- tween men and women," CMR president Elaine Donnelly told the Times. "Double risks of injury among women, combined with expected absences due to pregnancy and other gender-related issues, would be even more problematic in small com- bat units with four to 12 members, such as M1 tank crews, infantry rifle squads or cannon artillery gun crews."

Cyber Attacks

John Riggi, section chief at the FBI's Cyber Division, confirming that the Is- lamic State has attempted, unsuccess- fully, to hack the U.S. power grid. While they aren't yet using the most sophis- ticated tools, law-enforcement officials worry ISIS and its supporters will obtain malicious software to break into comput- ers and disrupt the flow of power to U.S. homes and businesses.

An army of fewer

The U.S. Army announces plans to re- duce troop numbers by 40,000, to 450,000, and dismiss an additional 17,000 civilians by the end of 2018.

VA Phone Numbers

Bereavement Counseling	1-202-461-6530
Civilian Health and Medical Program (CHAMPVA)	1-800-733-8387
Caregiver Support	1-855-260-3274
Debt Management Center	1-800-827-0648
Education	1-888-442-4551
Federal Recovery Coordination Program	1-877-732-4456
Foreign Medical Program	1-888-820-1756
Headstones and Markers	1-800-697-6947
Health Care	1-877-222-8387
Homeless Veterans	1-877-424-3838
Home Loans	1-877-827-3702
Life Insurance	1-800-669-8477
National Cemetery Scheduling Office	1-800-535-1117
Pension Management Center	1-877-294-6380
Presidential Memorial Certificate Program	1-202-565-4964
Special Health Issues	1-800-749-8387
Telecommunication Device for the Deaf (TDD)	1-800-829-4833
VA Benefits	1-800-827-1000
VA Combat Call Center	1-877-927-8387
Veterans Crisis Line	1-800-273-8255
Women Veterans	1-855-829-6636

VA Web Sites

Burial and Memorial Benefits	www.cem.va.gov
Caregiver Support	www.caregiver.va.gov
CHAMPVA	www.va.gov/hac/forbeneficiaries/forbeneficiaries.asp
eBenefits	www.ebenefits.va.gov
Education Benefits	www.benefits.va.gov/gibill
Environmental Exposures	www.publichealth.va.gov/exposures
Health Care Eligibility	www.va.gov/healthbenefits
Homeless Veterans	www.va.gov/homeless
Home Loan Guaranty	www.benefits.va.gov/homeloansLife
Insurance	www.insurance.va.gov
Memorial Certificate Program	www.cem.va.gov/pmc.asp
Mental Health	www.mentalhealth.va.gov
My HealtheVet	www.myhealth.va.gov
National Resource Directory	www.nrd.gov
Prosthetics	www.prosthetics.va.gov
Records	www.archives.gov/st-louis/military-personnel
Returning Service members	www.oefoif.va.gov
State Departments of Veterans Affairs	www.va.gov/statedva.htm
Women Veterans	www.va.gov/womenvet
VA Vet Centers	www.vetcenter.va.gov
VA Home Page	www.va.gov
VA Benefit Payment Rates	www.vba.va.gov/bln/21/rates
VA Forms	www.va.gov/vaforms
Vocational Rehabilitation & Employment	www.benefits.va.gov/vocrehab

Helpful Web Site Links

- To find your state representative:<http://www.house.gov/representatives/>
- To find your state senators:<http://www.senate.gov>
- To find the VA:<http://www.va.gov>
- To find DFAS:<http://www.dfas.mil>
- To find Tricare:<http://www.tricare.mil>
- To schedule appointment to renew ID Card ..<https://rapidsappointments.dmdc.osd.mil>

Link to Retiree Publications

- Army Echoes:<http://soldierforlife.army.mil/retirement>
- Navy Shift Colors:www.shiftcolors.navy.mil
- Air Force Afterburner:www.retirees.af.mil/afterburner
- Marine Corps Semper Fidelis:www.usmc-mccs.org
- Coast Guard Evening Colors:<http://www.uscg.mil/hq/cg1/psc/ras>
- List of businesses who give military discounts
<http://www.rather-be-shopping.com/blog/2014/05/29/veteran-military-discounts/>

VA Benefits Book (\$5/copy)

The Federal Benefits for Veterans, Dependents & Survivors handbook is available with 18 pages of new information. The book can be found at: <http://www.va.gov/opa/publications/benefitsbook/2014FederalBenefitsforVeteransEnglish.pdf> or by calling 202-512-1800 or by fax at 202-512-2104.





VA POINTS OF CONTACT

For information on	Call
VA Benefits	(800) 827-1000
Education	(888) 442-4551
Life Insurance	(800) 669-8477
Telecommunication Device for the Deaf (TDD)	(800) 829-4833
Headstones and Markers	(800) 697-6947
Special Health Issues	(800) 749-8387

VA WEB SITES

Burial and Memorial Benefits	www.cem.va.gov
Caregiver Support	www.caregiver.va.gov
CHAMPVA	www.va.gov/hac/forbeneficiaries/forbeneficiaries.asp
eBenefits	www.ebenefits.va.gov
Education Benefits	www.benefits.va.gov/gibill
Environmental Exposures	www.publichealth.va.gov/exposures
Health Care Eligibility	www.va.gov/healthbenefits
Home Loan Guaranty Insurance	www.benefits.va.gov/homeloansLife www.insurance.va.gov
Memorial Certificate Program	www.cem.va.gov/pmc.asp
Mental Health	www.mentalhealth.va.gov
My HealtheVet	www.myhealth.va.gov
National Resource Directory	www.nrd.gov
Prosthetics	www.prosthetics.va.gov
Records	www.archives.gov/st-louis/military-personnel
Returning Servicemembers	www.oefoif.va.gov
State Departments of Veterans Affairs	www.va.gov/statedva.htm
Women Veterans	www.va.gov/womenvet/
VA Vet Centers	www.vetcenter.va.gov
VA Home Page	www.va.gov
VA Benefit Payment Rates	www.vba.va.gov/bln/21/rates
VA Forms	www.va.gov/vaforms
Vocational Rehabilitation & Employment	www.benefits.va.gov/vocrehab

Key TRICARE Numbers

DEERS	(800) 538-9552
TRICARE Dental Program	(855) 638-8371
TRICARE For Life/Dual Eligibles	(866) 773-0404
TRICARE Pharmacy Home Delivery	(877) 363-1303
TRICARE Retail Pharmacy	(866) 363-1303
TRICARE Retiree Dental Program	(888) 838-8737
US Family Health Plan	(800) 748-7347

TRICARE Pharmacy Home Delivery Contact Information

Online: www.express-scripts.com/TRICARE

Phone: (877) 363-1433

Mail: Express Scripts, Inc.
P.O. Box 52150
Phoenix, AZ 85072-9954

ADDRESSES & PHONE NUMBERS - FINANCE

For retirees:	For annuitants, beneficiaries and survivors:
Defense Finance and Accounting Service U.S. Military Retired Pay P.O. Box 7130 London, KY 40742-7130 Fax: (800) 469-6559	Defense Finance and Accounting Service U.S. Military Annuitant Pay P.O. Box 7131 London, KY 40742-7131 Fax: (800) 982-8459

For claims for non-receipt of payment:

Defense Finance and Accounting Service
 Cleveland Center
 P.O. Box 998005
 Cleveland, OH 44199-1126
 Fax: (216) 522-5898

Note: Phone number for each is (800) 321-1080

MoneySaver

These Are the New Rules for Financial Freedom

An update of 5 common principles for managing your fiscal life

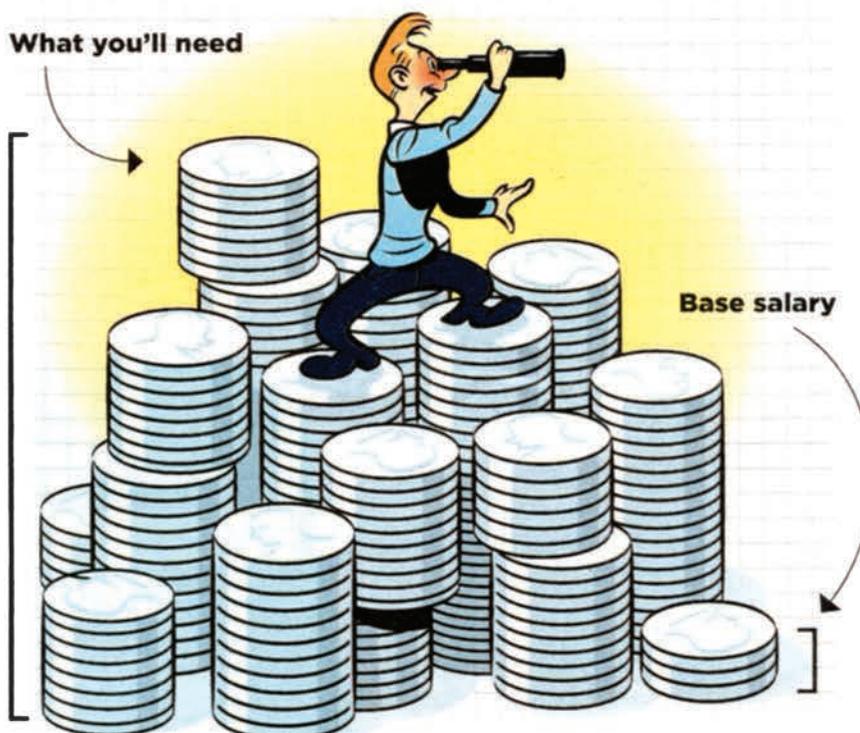
By EILEEN AMBROSE



Save 10 percent of income for retirement.

This may have worked decades ago, when workers had pensions and shorter life expectancies. Today, 15 is the new 10. Workers should save at least 15 percent of their gross income—which includes any employer 401(k) match—to maintain their lifestyle in retirement, says Stuart Ritter, a senior financial planner at T. Rowe Price in Baltimore. “If you have not saved anything, however, the older you are, the more above 15 percent you need to go,” he says—such as 36 percent for someone starting at age 50.

What you'll need



At retirement, you should have 10 to 12 times your final salary in savings.

Along with Social Security, this should be enough to generate 70 to 80 percent of preretirement income for most people, says Charlie Farrell, chief executive of Denver-based Northstar Investment Advisors.



Your annual income in retirement should be 70 to 80 percent of your preretirement gross income.

You likely already live on that amount once you subtract your 401(k) contributions, Social Security taxes, and commuting and other work-related expenses from your paycheck. Those costs will disappear in retirement, which is why you may need only 70 to 80 percent of your old salary to maintain your lifestyle. Be aware that if you start spending thousands in retirement on travel and expensive hobbies, you will need more.

Need help figuring this out? The Employee Benefit Research Institute offers the Ballpark E\$timate online calculator at choosetosave.org/ballpark. It can help you determine whether you're on target to meet your income needs in retirement.



You need three to six months' worth of living expenses in emergency savings that can be accessed quickly.

This rule is still golden. “Americans in general have no money in emergency savings,” says Mari Adam, a Boca Raton, Florida, financial planner. “If they have to fix the car or repair the air conditioner, they will put that on a credit card that charges 18 or 22 percent interest.” She recommends investing that money in a balanced mutual fund that has a mix of stocks and bonds, which will have a higher return than a savings account but not too much risk.

120

Subtract your age from 100 to determine how much you should hold in stocks.

Under this old rule, 55-year-olds should have 45 percent of their investments in the stock market. That's too conservative, financial planners say, given that people are living much longer and will need the growth that stocks can provide for both keeping up with inflation and not running out of money. A better guide: Subtract your age from 120.