



Jayhawk Chapter MOAA Newsletter



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May Program: There will be no May meeting due to the COVID-19 social distancing orders. Hope to see you on 21 July!

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President's Comments. . .

This has been a Spring for the record books, one that our children, grandkids (and for some, great-grand) will be telling their grandchildren about in 60 or 70 years. We essentially lived through an apocalypse movie! I hope you all made it through healthy, wise and sane! Many of you will sympathize when I tell you it is one of the first times that our daughter has scolded Sandy and me for being too bold and not adhering to instructions at the start of all this.



The Governor is preparing to begin loosening up the state economy as I write this note. There is no word on when restaurants will reopen, but it may not be for a while yet, and even then there will be a phase-in period with some restrictions. The May dinner meeting definitely won't happen – we hope for July, but I'm more confident that September will proceed normally. We'll keep you advised for our plans in July and September, so stay tuned.

Meanwhile, if you recall, the Department of Defense was planning to revamp the military health system, cutting 18,000 medical personnel from the active duty forces. Currently this plan is paused temporarily, but MOAA National is asking that we all assist to fight against this ill-advised plan:

"MOAA needs your help in telling Congress the MHS reform agenda they approved in the FY2017 NDAA needs more than a pause — it needs to be stopped and reevaluated through a comprehensive review of solutions and lessons learned this year. This assessment must include the whole of government along with the national health care system focusing on what worked well during the crisis and what needs to be improved.

The end result must be a health care system that (1) is capable of supporting current requirements, and (2) is a scalable and coordinated capability able to leverage all of our national talents and resources to surge when conditions warrant.

So, how can you help?

- Join MOAA's virtual storm by visiting www.moaa.org/moaastorms for details on contacting your legislators.
- Share MOAA's message on social media by reaching out to your legislators, local media members, and others, and using the hashtag #MOAAstorms to spread the word.
- Keep yourself safe by following all health guidance and keep up with the latest COVID-19 news, updates, and resources at www.moaa.org/coronavirus."

I look forward to seeing you all at our next meeting, later this summer. In the meantime, don't forget to "Wash ya hands, wear ya mask, and don't touch ya face!"

Coop

Volume XXV, Issue 3

1 May 2020

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* Reservations should be sent to Jim Cooper by



JAYHAWK CHAPTER NEWS



PERSONAL NEWS

From Ray Finch: Our son, John, was selected to become the PMS for the KU Army ROTC program. John and his family are scheduled to report to Lawrence sometime this summer.

I was commissioned from the KU Army ROTC as a 2d lieutenant in 1980.

From Dean Bevan: Theatres have been shut down, too, but they still like my "Grim Reaper," which will be performed sometime later this year in New Milford, Connecticut and Tarpon Springs, Florida.

From Stan Sneegas: Since the airlines aren't flying any more, I bought this 1977 Cessna Cardinal the beginning of April.

From Your Editors: John and I are both well and staying at home except for the weekly trips to Dillon's for groceries (in which case we are outfitted with masks and gloves).

Hope all of you are likewise and look forward to seeing many of you at our next meeting, which we hope can be in July.



Army News LTC Tracey Olson, USA

Greetings from the Jayhawk Battalion:

As we navigate through the COVID19 pandemic, the Jayhawks have explored different ways of teaching and staying physically fit while adhering to the local restrictions and social distancing guidelines.

The Cadre have become very familiar with Zoom platform to stay connected, teach our military science classes and most recently, conduct our virtual labs. It's challenging to incorporate 86 Cadets during virtual labs; using Zoom, Google sheets and some ingenuity, our Cadets were able to accomplish this, ensuring everyone's participation and active involvement. The Cadets were able to learn by talking through the details of the movements and operations and then see how their orders affected each element down to the individual team.

Adhering to social distancing, but remaining connected, the Jayhawk Battalion created a unique challenge to stay physically fit – Jayhawks across America CHALLENGE. As a whole, our goal is to run 3,527 miles – the longest route across the United States, often referred to as Route 50, the Backbone of America. The challenge started on 13 April and runs through 18 May. Each week, we have an internal challenge to keep things interesting – Best Squad, Best

Platoon, Best MS Class, and each week, we'll highlight the Cadet with the most miles. Follow our progress on our Facebook page; support and cheer on our Cadets!

It's always a great day when the Army recognizes potential, dedication, and professionalism. Congratulations to SGT Ross who was promoted to Staff Sergeant this month.

As we look forward to the end of the semester, uncertainties still exist. We are awaiting guidance from our higher headquarters about our Commissioning Ceremony and Cadet Summer Training (CST).

Like so many things we encounter in the military, this particular event showcases something that our young, future leaders will continually be expected to navigate. It boasts exactly what we strive to teach our Cadets – be prepared for changes in mission and be mentally agile to adapt to an ever-changing environment.

We hope you all are safe and doing well. ALL IN!

LTC Tracey Olson
Professor of Military Science



Navy News

CAPT Trenton Lennard, USN

Ship Selection

On 27th and 28th of February, four of our Surface Warfare midshipmen selected a ship for their first assignment upon graduation. During the first day of selections, MIDN 1/C Shepard Petit selected the USS Bonhomme Richard (LHD-6) out of San Diego, California, and MIDN 1/C Jake Murray selected the USS Barry (DDG-52) out of Yokosuka, Japan.



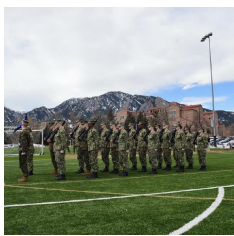
L to R: MIDN Murray; MIDN Petit; MIDN McAlexander & MIDN Sharp

On the second day of selections MIDN 1/C Hope McAlexander selected the USS Iwo Jima (LHD-7) out of Mayport, Florida, and finally MIDN 1/C Alyssa Sharp selected the USS America (LHA-7) out of Sasebo, Japan. During selection, the rest of the battalion waited until the selectees got their pick to celebrate with their shipmates. Hooyah Ships!

Warhawk Ball

On the 28th of February, the unit gathered at the KU Alumni Center for the second Warhawk Ball. After dinner, the BCO, MIDN 1/C Petit, gave a speech congratulating those who have selected ships and those who have been service assigned. He also encouraged the students to continue their focus on grades and the upcoming Boulder drill competition. But the comradery continued with many “gag” awards such as “Best Family Recruiter” and “Best Style” awards were given out to further allow the students to relax and enjoy the event. Finally, everyone gathered on the dance floor to a live band named, Conga Jim and The Coconuts. Not only do our students know how to get the job done, but they also know how to have a great time.

Colorado Drill Meet



The Platoon Drill Team competes at Boulder, CO.

On March 6-8, our Drill, Color Guard, Knowledge, Shooting, and Endurance Teams traveled to Boulder, Colorado, to compete against other NROTC units in drill, knowledge, shooting, and endurance. Our Pistol Team took first place in the competition, with MIDN 4/C Daniel Percival placing the top shot. Our Drill Team

competed in three separate events: color guard, squad, and platoon drill. Our Color Guard team took first place and our platoon drill team took second out of 14 teams. Lastly, our Endurance Team ran, rucked, and exercised their way around Boulder’s campus and up the flat iron

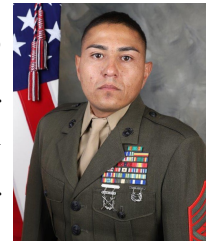
trails of the Rocky Mountains front range. Our students trained early mornings and late nights to prepare for the event and their success paid off. Competing against 14 programs from all over the country, many over twice our size, the Jayhawk Battalion earned a second place overall finish. Bravo Zulu to the Midshipmen and GySgt Cobos!

COVID-19

Unfortunately, the COVID-19 pandemic has impacted our campus and unit operations. Due to the safety concerns from both the Department of the Navy as well as the State government, our campus went virtual in mid-March. While most clubs, intramurals and even some classes ended early, your Navy and Marine Corps Team doesn't stop, and neither did we. Our unit has continued everything from PT, lab, classes, and even study hours through virtual means. Your KU NROTC unit stays ready, flexible, and prepared no matter what obstacle.

Gunnery Sergeant Cobos

Amidst the uncertainty and chaos of COVID-19, our AMOI, GySgt Isidro Cobos, was awarded the Naval Service Training Command Marine of the Year for 2019. Not only is he essential in training the students for the fleet, he also volunteers at OCS as an instructor every summer to train future Marine Officer Candidates. GySgt Cobos is responsible for the physical training of our students and staff and trains our battalion in drill. He also serves as a great mentor for our college students and our enlisted students as our Senior Enlisted Leader. We owe our continued success to GySgt Cobos for his outstanding work within the unit and his hard work to mentor our students. Bravo Zulu and thank you GySgt Cobos!



Gy Sgt Cobos

I want to personally thank the MOAA team for your support of the University of Kansas and the NROTC Midshipmen. This isn't how we envisioned the end of the 2019/2020 school year but we are making the best of the situation. We have 10 highly motivated seniors that are anxious to graduate, commission, and head to the fleet. Thank you again for your support.

Rock Chalk. Go Navy!

CAPT Trenton Lennard
Commanding Officer, KU Navy ROTC



Air Force News

LtCol Nichole Phelan, USAF

Hello from Detachment 280 at the University of Kansas!

The Flying Jayhawk Wing leads the AFROTC enterprise with creating the most innovative leadership learning environment, and it's never been more apparent COVID contingency execution is underway...and my oh my, our cadets did not disappoint with their ingenuity. We are completely online, using video teleconferencing platforms such as Zoom and interactive gaming servers such as Discord. The cadets created and executed a war gaming scenario mirroring those I've experienced while working in an Air Operations Center, complete with computer simulations, chat rooms, and force-packaging. This next generation of Air Force and Space Force professionals stand ready to fight all enemies foreign and domestic, no matter what the environment. The ideas and plans the Det 280 cadet wing leadership created have been disseminated throughout the AFROTC enterprise, and the AFROTC Commander himself recognized our unit for them during one of his town hall meetings. It is a true testimony to what amazing cadets we have here at Det 280 and what superb officers they will all become.

All formal commissioning ceremonies have been cancelled, but that does not stop us from recognizing our next round of newly commissioned Air Force officers. As soon as finals are over in May, we will commission 17 new 2Lts into the United States Air Force.

Ciara Cavitt – Air Battle Manager, Chase Charles – Pilot, Christian Dell – Pilot, Emily Demel – Nurse, Samuel Evans – Remote Pilot Aircraft, Isaac Jacobs – Pilot, Zachary Kreisler – Pilot, Tyler Lamport – Pilot, Rachel Maurer – Combat System Operator, Lauren McMullen – Force Support Officer, Jillian Roepe – Air Battle Manager, Tyler Schwallie – Remote Pilot Aircraft, Catherine Tighe – Intelligence Officer, Mary

Tighe – Pilot, Thomas Kennedy – Pilot, Daniel Staudacher – Pilot, Shogun Thomas - Pilot

This class is pivotal in a few ways: as the largest commissioning class this Detachment has seen in years, it's comprised of the most rated Air Force Specialty Codes, and it may be the last class to commission solely into the Air Force. As all things in the AF are cyclical, the AF begins to draw down in both the number of Lieutenants it needs to commission a year, as well as the number of pilots it can produce in a year. We will also hopefully see the commissioning of Space Professionals starting in the next year or two.

As far as summer training is concerned, that is a changing environment daily. Headquarters AFROTC continues to work through required training and timelines, changing by the moment as our current pandemic environment evolves. Flexibility is the key to Air and Space power and our cadets are learning first hand that they too have the grit needed to change and evolve as plans develop or cancel.

We hope this finds you and your loved ones safe and healthy and we thank you for all the fantastic support from MOAA this year. In these trying times, both the cadre and the cadets take comfort in our military family and all the support that is given to help us all through this.

Rock Chalk, Jayhawk!

Very Respectfully,

LtCol Nikki Phelan

Commander, Air Force ROTC Det 280

MOAA NEWSLETTER ADVOCACY

This is a summary of the many items MOAA produces each week on legislative activities. Those who have e-mail receive the full MOAA Newsletter each week upon completing application.

MOAA Newsletter Advocacy, 05 March 2020:

What's Next for the VA? MOAA Shares Its Priority List With Congress

A Synchronized Approach to Suicide Prevention

Fighting veteran suicide has long been an important issue for MOAA. Earlier this week, Campos visited the White House to meet with the head of the President's Roadmap to Empower Veterans and End a National Tragedy of Suicides (PREVENTS), a task force formed in 2019.

The VA has made substantial progress to enhance suicide prevention and mental health programs, Campos said, but finding the proper resources can be a confusing process. Programs should be synchronized to ease a veteran's path through the system, she told committee members, but can be challenging with the already stretched-thin VA workforce in mind.

MOAA is supportive of several bills to target suicide prevention and mental health care. Among them: the [Improve Well-Being for Veterans Act](#) (which boasts more

than 253 House cosponsors), the [Commander John Scott Hannon Veterans Mental Health Care Improvement Act](#) (with 45 Senate cosponsors), and the [Veterans Acute Crisis Care for Emergent Suicide Symptoms Act](#), which was introduced in the House on Jan. 28.

Sen. Jon Tester, D-Mont., ranking member of the Senate Veterans Affairs Committee, said insight from MOAA and the other groups is critical because they know better than anyone how the VA is performing.

"When it comes to mental health, I need to know where the VA is doing a good job, and where they need to improve," Tester said. "It's imperative ... the VA needs to better understand how a decision it makes impacts veterans."

Battling Toxic Exposure

Another of MOAA's top priorities is taking care of veterans who have been exposed to environmental hazards from burn pits in combat zones to contaminated water and to chemicals in military housing.

In February, MOAA joined other veterans groups to [send a letter to the president](#) asking him to add four scientifically connected presumptive diseases to the list of veterans' diseases associated with Agent Orange. The four presumptive diseases are bladder cancer, hypothyroidism, Parkinson-like symptoms, and hypertension, which could affect as many as 83,000 veterans.

The letter followed previous efforts by MOAA and other groups to work with the VA to add the presumptive diseases. During congressional hearings last year, top VA leaders said they were considering adding the four diseases, but no decision has been announced.

Additional priorities

The VA must do more to eliminate barriers and strengthen care and support services for women veterans, Campos told lawmakers.

"Women transitioning out of uniform face unique challenges because of their experiences in service, which often makes the adjustment to civilian life more difficult. For VHA, making sure women are welcomed and feel safe in medical facilities that can accommodate their needs continues to be a major challenge," she said in her written testimony.

More specific priorities for improving care for women include:

- Signing the Deborah Sampson Act into law and/or incorporating a number of other House and Senate bill provisions which would provide equal access to earned benefits and care for women veterans, including enhancing access to and availability of gender-specific programs to serve women.

Bill Would Restore Disabled Vets With Their 'Unjustly Denied' Benefit

Maj. Richard Star is a combat veteran who has never smoked a day in his life; he also has terminal lung cancer. As such, Star will medically retire early from the Army after a distinguished career as a combat engineer that included critical route clearance and road construction missions in Afghanistan and Iraq.

[TAKE ACTION: Support concurrent VA disability pay and retired pay for combat-related retirees]

Those who traveled on those IED-infested roads know the route clearance engineers are absolute heroes who saved countless military and civilian lives. Unfortunately, following his early retirement, Star and his family will suffer a financial penalty for being forced out of the military and

medically retiring him under Chapter 61 of Title 10 – Retirement or Separation for Physical Disability.

Servicemembers who are unable to complete 20 years of service due to service-connected injuries are known as "Chapter 61 retirees." Some retirees who suffered from injuries incurred in combat are eligible for Combat Related Special Compensation (CRSC) which mitigates to varying degrees some loss in pay due to the offset.

The Maj. Richard Star Act, announced in a Capitol Hill press conference on Tuesday, provides total offset relief for those with combat injuries – ensuring they get their full service-earned retirement based on time in service and grade, as well as their disability compensation from the VA for service-connected injuries or illness.

"These retirees are unjustly denied the benefits they deserve, and in this country that should never, never happen," said Rep. Gus Bilirakis, R-Fla., who introduced the bill in the House. A companion bill is pending in the Senate from Sen. Jon Tester (D-Mont.). This is a bipartisan and bicameral effort to correct an injustice and keep us on the path towards concurrent receipt for all.

Improve Special Education for Military Children

Despite federal and state regulations in place to protect students with special needs, aspects of military life such as frequent moves lead to significant educational deficiencies for these vulnerable children. These deficiencies create undue burdens on military families and their children with special needs, significantly decreasing military retention and impacting readiness.

Many military families that have children with special needs have voiced their frustration to MOAA about the lack of consistency of special education services through their time in the military.

Some struggle to receive the bare minimum of required special education when they move state to state. This has led to formal disputes against school districts and fear of reprisal for entering such actions, with schools "waiting families out" until they move to their next duty station. Other families have faced financial burdens connected with non-public education options.

[RELATED: [How MOAA Wants to Improve Quality of Life for Military Families](#)]

MOAA continues to support these families through advocacy efforts and other avenues. While all families have unique needs, this would make a major difference in this ongoing issue and may provide a better understanding of the overall problem:

Understand the issue. The Government Accountability Office should do a study on whether military families have higher rates of disputes and loss of FAPE than the civilian population. Other considerations for this study should include:

- Accessibility barriers to dispute resolution processes
 - What contributes to the loss of FAPE, and what happens when a state is found at fault for not providing FAPE
 - What school districts are high-risk, and what resources they are lacking
 - How [7003\(d\) impact aid](#) funds are used in districts with high rates of disputes
 - How to conduct oversight and enforce FAPE for special needs military students when school districts do not comply
- Efficacy of attorney support in special needs cases

[RELATED: [How Your Voice Can Help MOAA's Advocacy Mission](#)]

MOAA Newsletter Advocacy, 12 March 2020: Service Surgeons General Voice Concern About Military Health Care Reforms

This article by Patricia Kime originally appeared on Military Times, *the nation's largest independent newsroom dedicated to covering the military and veteran community.*

Two of the military's top doctors said the Pentagon's effort to transform and reorganize the military health system is turning out to be a "complicated merger of four cultures" and "extremely difficult," suggesting that the Defense Health Agency isn't ready for some of the coming changes.

The Defense Department is in the middle of a decade-long effort to transform its health care system, which will shift responsibility for local military treatment facilities, or MTFs, away from the individual services and put it for the first time under the DHA. The aim is to allow the military medical commands to focus more on providing health care to troops and medical readiness.

The DHA — historically a bureaucracy focused on managing contracts rather than actual hospitals — is expected to assume management of all military health facilities within the next two years, and the Pentagon is poised to jettison 200,000 non-uniformed patients from 37 military hospitals and clinics.

[RELATED FROM MOAA: [Why Am I Being Kicked Out of My Military Treatment Facility?](#)]

That plan has been fast-tracked as top officials have moved up the timeline for the organizational changes. The original plan was to transfer half of the MTFs in the U.S. to DHA on Oct. 1, 2019, and the remainder of domestic facilities going in 2020, with overseas facilities transferring in 2021. But that plan was revised; on Oct. 1, 2019, DHA took responsibility for all domestic military hospitals and clinics and the overseas facilities are expected to follow in the next couple of years.

[RELATED FROM MOAA: [These Military Medical Facilities Will Stop Seeing Retirees, Families](#)]

Both said the goal of transferring management of the military health facilities to DHA is attainable, but DHA needs to be "standing on its own" first.

"We'll get there as long as we're using 'manageable risk,'" Hogg said. "What that means is we need to transition before we transform."

"In order to get it right, the focus should be on the [military treatment facility] transition, which starts with the standing up of [DHA] headquarters. If that headquarters is not up and running, it will continue to require direct support," Dingle said.

The reform plans call for DHA initially overseeing the facilities "through a direct support relationship with the military medical departments."

It's that "direct support relationship" that may continue for some time, the surgeons general said.

"We need to be able to continue supporting the Defense Health Agency; stand up its capabilities to manage these military treatment facilities, because if you remember from the past, DHA didn't come out of that, [it] came out of the Tricare Management Activity.

"After you get the HQ stood-up, you can start to transition the military medical treatment facilities and you should also focus that transition on the electronic health records," Dingle said.

The Pentagon has requested \$50.8 billion in next year's budget for the military health system, including \$33 billion for the defense health program. The funds are to support health care and services for DoD's 9.5 million beneficiaries as well as military health reform, research and development and the department's implementation of its electronic health records system.

The report, [Restructuring and Realignment of Military Medical Treatment Facilities](#), is little more than a "list of impacted facilities," she said.

[RELATED: [TRICARE Users Get Discounts on Chiropractic Care, Gym Memberships in New Pilot](#)]

According to the report, more than 200,000 Tricare beneficiaries, including 80,000 active-duty family members, will no longer be seen at 37 military health clinics across the country, and an additional 13 facilities will undergo restructuring, with some gaining or losing departments or capabilities.

McCaffery said the changes are being done under two "critical guiding principles."

"First, our military hospitals and clinics are first and foremost military facilities whose operations need to be focused on meeting military readiness requirements ... second, as we reform the military health system, we continue to make good on our commitment to provide our beneficiaries with access to quality health care," McCaffery said.

DoD officials stressed that the changes will not result in additional out-of-pocket costs for active duty families, unless they decide to fill prescriptions off-base or through Tricare's mail order program.

Also, the plans will not affect beneficiaries in locations that DoD has determined do not have the capacity to care for family members or retirees.

Still, the shift will significantly affect many "working age" retirees and their family members — those under age 65 who do not qualify for Medicare and Tricare for Life — as they will incur co-pays and cost-shares not required at military health facilities.

[RELATED: [Government Urges Military Families to Participate in 2020 Census](#)]

Defense Department officials say the changes are being made under orders by Congress, which wanted to eliminate duplication of services such as administration, education, training, information technology support and logistics across the Army, Navy and Air Force medical commands.

With the renewed focus on readiness, the military services also are cutting roughly 18,000 uniformed medical billets — but exactly what types and who will be affected is not known because the Defense Department has not yet released a report due on that effort.

MOAA Newsletter Advocacy, 19 March 2020: MOAA Urges TRICARE to Waive Early Medication Refill Limits

With the COVID-19 situation rapidly evolving, MOAA members are understandably concerned about TRICARE coverage related to the virus. MOAA has reached out to TRICARE officials urging them to enhance communication with beneficiaries and reconsider TRICARE's prescription refill policy in light of guidance from the Centers for Disease Control and Prevention (CDC) and policy updates by Medicare and commercial plans allowing early prescription refills.

To sign up for TRICARE coronavirus email updates, please visit the [TRICARE website](#).

[RELATED: [News and Links at MOAA.org/Coronavirus](#)]

Current [CDC guidance](#) recommends people at high risk for COVID-19 complications — older adults, those with underlying medical conditions — prepare for an extended stay at home to avoid getting sick if an outbreak happens in their community. Recommended preparations include having a supply of medications on hand or switching to mail order prescription delivery.

MOAA has talked to the Defense Health Agency (DHA), and officials there are encouraging beneficiaries to use TRICARE's [Express Scripts](#) mail order program. While we agree home delivery is a good option for many, it is not sufficient to address all beneficiary concerns.

DHA must also ensure refill limits for 30-day maintenance medications filled at retail pharmacies, such as Walgreens, allow beneficiaries who must or prefer to use retail pharmacies to maintain an adequate supply of prescription drugs given the circumstances.

If you currently fill 30-day supplies of your medication at a local pharmacy and would like a longer-term supply, you have two options:

Ask your physician to write your prescription for a 90-day supply and fill it using Express Scripts Home Delivery. Standard TRICARE mail order refill policies allow you to refill or renew a prescription medication after two-thirds of the timeframe for your prescription has passed. This means you can refill a 90-day prescription after 60 days (when you have a 30-day supply remaining.)

Fill three 30-day supplies at a retail pharmacy at one time (three copays will apply). We are still trying to verify refill timing policy if you use this option.

[RELATED: [Beware of Scams Connected to the Coronavirus Crisis](#)]

We have also asked for clarification on TRICARE referral and authorization requirements and cost shares for diagnostic tests related to COVID-19 as well as guidance on military treatment pharmacy refill policies.

Please keep in mind, the Military Health System [Nurse Advice Line](#) is available 24/7 by phone (1-800-TRICARE, option 1), [web chat](#), and video chat to all TRICARE beneficiaries except those enrolled in the U.S. Family Health Plan (USFHP).

Because the Nurse Advice Line is currently [experiencing high call volumes](#), beneficiaries who get care from civilian providers in the community should contact their provider first if they have any questions or concerns.

USFHP beneficiaries should check their plan website for nurse chat and telehealth options.

How to Switch to TRICARE Pharmacy Home Delivery

Military Pharmacy: Ask your military pharmacist to transfer your prescription to home delivery.

Phone: Call 1-877-363-1303 and have your prescription bottle ready.

Mobile app: If you have an existing prescription at a retail or military pharmacy, you can transfer it to delivery using the Express Scripts mobile app.

Online: Visit <https://militaryrx.express-scripts.com/home-delivery>.

e-Prescribe: Ask your doctor to submit your prescription electronically (e-Prescribe).

Mail: Download and fill out the Home Delivery Order Form at <https://militaryrx.express-scripts.com/home-delivery> and then mail the form and your 90-day prescription to the address listed on the form.

If you have other health insurance with a pharmacy benefit, you can't use home delivery unless your prescription isn't covered by your other plan, or you've reached the dollar limit of your other plan. Home delivery is not available in Germany.

Update: Congress Passes Legislation to Protect GI Bill Benefits During Coronavirus Challenges

Note: Updated March 19 with House vote.

The House of Representatives on March 19 passed a Senate measure that will support GI Bill beneficiaries facing financial uncertainty connected to the coronavirus outbreak.

MOAA on March 12 joined dozens of veterans and student advocacy groups, as well as educational institutions, in asking congressional leaders to back such a measure. In a letter to the chairmen and ranking members of the House and Senate Veterans' Affairs Committees, the groups pushed for "a bipartisan bill that clarifies VA's authority to administer VA education benefits by considering on-site courses as continuing on-site" even if the schools have moved to distance learning.

A Senate bill with these provisions, [S. 3503](#), was introduced March 16 by Sens. Jerry Moran (R-Kan.) and Jon Tester (D-Mont.), two of the letter's recipients. It was passed without amendment by a voice vote and sent to the House, where it passed without objection the morning of March 19. It now goes to the president for signature.

MOAA Newsletter Advocacy, 26 March 2020:

Congress Must Halt Medical Billet Reductions, MTF Restructuring Amid COVID-19

Earlier this week, MOAA called on the House and Senate Armed Services Committees to halt all military medical billet reductions and any proposed military treatment facility (MTF) downsizing given the impact of the COVID-19 pandemic.

[TAKE ACTION: Ask Your Lawmaker to Answer MOAA's Call]

Demands related to the uniformed medical mission have also increased due to COVID-19, since the private sector has little incentive to produce and maintain excess patient care capacity. Governors have called on the administration for military medical assistance, [USNS Mercy \(T-AH 19\)](#) and [USNS Comfort \(T-AH 20\)](#) will expand capacity for non-COVID-19 patients in coastal areas, and active duty medical units and reserve personnel are [on alert or have been deployed to man field hospitals](#). The military medical response to the COVID-19 pandemic is destined to inform future operational and medical readiness requirements for the medical force.

[THE LIST: Plans Call for These MTFs to Stop Seeing Retirees, Family Members]

MOAA has always supported an enhanced focus on military medical readiness while vowing to ensure continued access to high quality care for servicemembers and retirees, as well as their families and survivors. However, the unprecedented challenges associated with the COVID-19 pandemic demand [all plans to reduce MHS direct care system capacity cease now](#); they can be reconsidered at a later date once the significant servicewide (and nationwide) lessons are processed and applied.

Reservists Deserve the Same Pay for the Same Risks

The reserve component is critical to our national security strategy and has continuously deployed at a greater pace than imagined a decade ago. Whether serving overseas, securing our border, or helping to protect in our communities with COVID-19 quarantine operations, reserve forces play an increasingly important role for our national security.

Essential to their readiness is maintaining proficiency standards to do their job. National Guardsmen have many specialty duties that require constant training to ensure

servicemembers are ready to activate when our nation needs them.

The standards to maintain proficiencies such as parachute duty, aircrew duty, and [many others](#) are not dependent on duty status; however, the pay is. Reserve component personnel receive only 1/30th of the pay their active-duty counterparts receive for their specialty pay.

[\[TAKE ACTION: Tell Congress the Reserve Component Deserves the Same Pay for the Same Risks\]](#)

For example, to qualify for hazardous duty incentive pay (HDIP) for parachute duty, a servicemember is required to jump at least once during a three-month period. This qualification is the same for active and reserve components. An active-duty member who is paid HDIP for a static line parachute jump receives \$150 per month, while the reservist receives \$12 despite having to make the same number of jumps to keep the HDIP.

Fortunately, Congress recognizes this inequity and is working to resolve it. Bipartisan and bicameral bills were introduced last month to fix this issue. Sens. Joe Manchin (D-W.Va.), Kevin Cramer (R-N.D.), and Tammy Duckworth (D-Ill.) released the [Senate version](#).

In a press release, Manchin said, “Our National Guard and Reserve servicemembers risk their lives so Americans can enjoy the freedoms they have fought for us to keep. We owe it to those who put themselves in harm’s way that they are paid comparably to their active duty colleagues.”

The House version of the bill was introduced by Reps. Andy Kim (D-N.J.), Trent Kelly (R-Miss.), Tim Ryan (D-Ohio), Steven Palazzo (R-Miss.), Tom Cole (R-Okla.), and Elissa Slotkin (D-Mich.).

Rate Breakdown

Monthly Hazardous Duty Incentive Pay rates for:
Aircrew

Active enlisted: \$150-\$240
Reserve component (RC), enlisted: \$12-\$20
Active warrant officer: \$150-\$215
RC, warrant officer: \$12-\$17
Active, officer: \$150-\$250
RC, officer: \$12-\$20

Parachute Duty (High Altitude, Low Opening)

Active: \$150-\$225
RC: \$12-\$20

Other hazardous duties offer \$150 per month to active duty members and \$12 to RC members.

The Military Coalition (TMC), a group of military and veteran service organizations representing a combined 5.5 million-plus membership, recently signed two important letters of support in the fight for concurrent receipt.

MOAA, a co-chair of the 34-member TMC, already has expressed its support for both measures:

H.R. 333, the Disabled Veterans Tax Termination Act, is sponsored by Rep. Sanford Bishop (D-Ga.) and essentially aims to fix the financial injustice of concurrent receipt for all retired personnel. It is a “Hail Mary” pass worth your support, addressing the unjust offset in one large piece of legislation with a price tag over \$30 billion over 10 years.

[\[Read The Military Coalition’s Letter | Show Your Support for H.R. 333\]](#)

H.R. 5995, the Major Richard Star Act, is sponsored by Rep. Gus Bilirakis (R-Fla.) and is smaller (estimated at \$2 billion over 10 years). The bill and its Senate companion, S. 3393, offer an incremental approach for concurrent receipt and initially address those forced to medically retire from a combat injury.

[\[RELATED: Bill Would Restore Disabled Vets With Their ‘Unjustly Denied’ Benefit\]](#)

Applying Lessons Learned

[The repeal of the “widows tax”](#) was a hard-fought victory for MOAA last year. Keys to that victory were compelling stories combined with the unified advocacy efforts of the 34 TMC organizations. Throughout the NDAA process, there were many elected officials who signed up to fully support repeal of the widows tax but warned the \$5.7 billion price tag did not have funding and would therefore be unattainable. It was the overwhelmingly long list of co-sponsors that successfully convinced Congress to finally waive the “pay for” rule and move forward with the repeal.

Ask your representative to support both H.R. 333 and H.R. 5995, and please add your compelling story to the “Call To Action” message. We additionally ask you to call your representative. Recent MOAA analysis indicates that in the current environment, a phone call followed up with an e-mail makes the greatest impact when an in-person visit is not possible.

MOAA Newsletter Advocacy, 02 April 2020:

[A Wife’s Request: Please Support the Maj. Richard Star Act By Tonya Star](#)

Nothing strikes more fear in the heart of a wife than to hear your husband has stage 4 metastatic terminal lung cancer.

When the doctors delivered the news to Rich and me just after Memorial Day in 2018, our life and goals for our future were forever changed. Instead of accepting a position he had waited his whole career for – to be stationed in Europe and work with the Corps of Engineers - - we were frantically trying to be transferred to Walter Reed Military Medical Center from his current duty station in Toledo, Ohio, to get the best medical care available.

I was thrust into becoming a full-time caregiver, advocate, and lung cancer researcher. I had to give up any goals of furthering my own career and education and focus on navigating the military’s guidelines and expectations for Rich during his treatments and inevitable end of his Army career. It was heartbreaking to see this happen to a man who had dreams of continuing to serve our country.

The way forward is filled with so much uncertainty and years of grief, as I know the love of my life will one day slip away. We will never travel to all of the destinations we longed to see together or play with our grandchildren as we watch our own children become parents. Instead, I will be left with mounting debt from bills not covered by insurance and the VA, student loans, funeral expenses associated with Arlington National Cemetery, remodeling costs made to our home to make it accessible for Rich, and the loss of military retirement benefits.

The impending loss of those benefits was the biggest shock. Because Rich will not reach 20 years of military service, he will be classified as a Chapter 61 retiree. It’s a terrible injustice for our family and countless others.

I am thankful MOAA and The Military Coalition are taking on the fight for concurrent receipt.

This legislation has received so much support from both legislators and advocacy groups like MOAA, but we need your help to spread the word and make it a reality. Our family and those in similar situations shouldn’t have to face this unfair financial burden alongside so many other sacrifices. Now is the time to help us make a difference.

Please take the time to call and [write your representatives, encouraging them to sign on to H.R. 5995 and S. 3393](#).

MOAA Joins Call to Use Title 32 Orders for National Guard

Last week, The Military Coalition (TMC) released a letter asking the president to continue his support for states responding to COVID-19 by activating members of the National Guard on Title 32 federally funded orders. This follows in the wake of National Guard members in New York, California, and Washington being activated on these orders. Since the letter was released, Louisiana, New Jersey, and the District of Columbia also have been placed on Title 32 orders.

“As the primary uniformed military first responders to homeland emergencies such as the current crisis, National Guard Soldiers and Airmen deserve full federal support and benefits,” states the letter from the coalition, on which MOAA serves as a co-chair.

[[READ THE FULL LETTER](#)]

Putting these members on Title 32 orders would retain state control while putting the servicemembers on full-time duty status with federal funding. Not only does Title 32 help the disaster response, it also provides additional benefits for the servicemembers. Title 32 status would also provide Guardsmen with:

- TRICARE medical coverage
- Access to military hospital facilities
- Federal workman’s compensation
- Death gratuity
- GI Bill eligibility
- Service credit for military retirement

[[RELATED: Your Benefits: Title 10 vs. Title 32 vs. the State](#)]

As of March 31, all 54 states and territories have declared emergencies in response to COVID-19, and more than [16,310 members](#) of the National Guard were activated by their individual governors. These orders are especially important for smaller states that do not have the same level of support as the large states.

As TMC stated, “We believe that this authority, in support of the current National Emergency, will ensure a more streamlined, effective, and responsive activation to operations that support our communities and citizens in combatting COVID-19.”

MOAA Newsletter Advocacy, 09 April 2020:

Tax Update: The Latest From 5 States on Work to Exempt Military Pensions

Is your state still fully taxing retirement pay? MOAA National serves in an advisory capacity for state-specific issues such as income tax exemption. Please contact your local MOAA council as state legislation must originate at the state level.

“When the legislature returns to work, if at all this fiscal year, we will re-engage,” said Lt. Gen. John Regni, USAF (Ret), who serves on MOAA’s board of directors and is a member of the Luke Chapter of MOAA in Arizona.

A provision to partially exempt military retiree pension from state taxes was included in Gov. Doug Ducey’s executive budget, but it was one of several provisions shelved for a “skinny budget” Ducey [signed in late March](#). The state legislature passed a slimmed-down funding bill before adjourning for at least three weeks as a health precaution.

[[RELATED: MOAA’s Military State Report Card and Tax Guide](#)]

The initial proposal would have saved more than 50,000 veterans an average of \$900 annually, according to the governor’s office.

Regni said the governor and state legislature have since moved their focus to the COVID-19 response.

MOAA’s Northern Arizona Chapter and MOAA’s Arizona Chapter will work with other veteran service organizations to continue work on the proposal.

Almost every state that collects income tax offers at least a partial exemption for military retirees. MOAA’s [Military State Report Card and Tax Guide](#) tracks changes in these benefits, with full breakdowns of state tax policy available to Premium and Life members.

Nationwide Updates

Meanwhile, at least four other states are making progress on tax breaks for military retirees.

Problems Accessing MTF Medical Care? Tell Us Your Story

It is one of MOAA’s top priorities to ensure military beneficiaries continue to receive access to medical care during the pandemic. And with access to installations rapidly evolving, we need your help to ensure your medical needs are being met at your military treatment facility (MTF).

Early feedback shows beneficiaries are taking non-emergency appointment cancellations or postponements in stride. But if you encounter a barrier to accessing essential, time-sensitive care at your MTF, please [click here to share your story](#) or report your problem to our [Member Service Center](#). Installation and MTF commanders are taking actions as prescribed by [Health Protection Condition \(HPCON\) risk levels](#) and health officials’ guidance. These access restrictions are temporary. They will be assessed daily and adapted as the situation changes.

Please note, although these changes to installation and pharmacy access may temporarily prevent retirees and others from using installation facilities, they are not intended to be a benefit cut. Access restrictions are one of many unprecedented – and temporary – steps DoD and civilian communities are taking to slow the spread of COVID-19. Consult the [TRICARE website](#) for the latest coronavirus information.

[[TAKE ACTION: Call on Congress to Halt Military Medical Billet Reductions and MTF Downsizing Amid COVID-19 Uncertainty](#)]

As of March 31, all elective surgeries and procedures at MTFs are postponed for 60 days. Many other appointments have been converted to telehealth. This is aligned with an [Executive Order](#) to apply critical medical resources where they are most needed and reduce COVID-19 exposure risk to DoD medical staff and beneficiaries.

We know some MTF pharmacies are restricting access to protect the force and other essential personnel. MOAA is fighting to ensure military beneficiaries maintain access to zero out-of-pocket cost medications by calling on [Congress to waive TRICARE mail order pharmacy copays](#) during this pandemic.

Process for New Rules to Determine Arlington National Cemetery Eligibility Delayed Due to Pandemic

[[MORE ADVOCACY NEWS FROM MOAA](#)]

Arlington National Cemetery is the final resting place for more than 420,000 servicemembers, with about 7,000 more added each year. At that rate, officials estimate it will run out of space by 2055 if steps are not taken to expand the land or change the eligibility requirements.

Officials obtained about 37 acres as part of a southern expansion, which will give them about 60,000 more spaces. To accommodate more requests, rules have also changed to bury spouses and dependents in a stack, instead of side by side.

Others eligibility for below-ground interment:

Award recipients of the Silver Star and above who also served in combat
 Recipients of the Purple Heart
 Combat-related service deaths while conducting uniquely military activities
 Former prisoners of war
 Presidents and vice presidents
 Veterans with combat service who also served out of uniform as a government official and made significant contributions to the nation's security at the highest levels of public service
 Above-ground inurnment would be authorized for:
 World War II-era veterans, to include legislated active duty designees
 Retirees from the armed forces who are eligible to receive retired pay but are not otherwise eligible for interment
 Veterans who have served a minimum of two years on active duty and who have served in combat.

MOAA Newsletter Advocacy, 16 April 2020:

TRICARE Users Face Limits on Prescriptions Connected to COVID-19

If you are prescribed certain types of inhalers and seeking refills, or you are starting a new prescription of hydroxychloroquine (Plaquenil), the amount you receive will be restricted under new limits designed to combat coronavirus-related shortages.

Below are details regarding the limits. If you have trouble filling your prescription medications of any type for reasons connected to the COVID-19 pandemic or response, please [Share your story](#) or report your problem by emailing legis@moaa.org.

[RELATED: Ask Congress to Waive TRICARE Pharmacy Copays During the Pandemic]

Inhalers

The Defense Health Agency (DHA) has [announced refill limits](#) on albuterol and levalbuterol inhalers. Demand for inhalers is much higher than normal because of the increased use in hospitals for COVID-19 patients and individuals presenting with symptoms.

Refill limits are intended to help balance the demand with supply, ensuring all patients have access to inhalers. The decision to impose quantity limits is in line with guidance from multiple nationwide health systems and the American Medical Association (AMA).

Although MOAA has expressed concerns about U.S. dependence on [medicines manufactured in China](#) and has supported [legislation](#) to bring pharmaceutical manufacturing back to the U.S., supply chain issues do not seem to be a factor in the case of inhalers.

"We're monitoring the availability of these medications on a daily basis," DHA officials stated in announcing the policy. "We will remove the quantity limits as the supply of these medications becomes available. All manufacturers of these products are increasing production levels to meet this increased demand. There are no current long-term shortages projected."

[LATEST NEWS AND GUIDANCE:

[MOAA.org/Coronavirus](https://moaa.org/Coronavirus)]

Hydroxychloroquine (Plaquenil)

Express Scripts is also limiting mail order fill quantities on *new* hydroxychloroquine prescriptions, another medication facing increased demand due to COVID-19. Hydroxychloroquine (Plaquenil) is used to treat patients with rheumatoid arthritis, lupus, and other conditions, but it also has been identified as a possible treatment for COVID-19.

The AMA, American Pharmacists Association, and American Society of Health-System Pharmacists issued a [joint statement](#) on inappropriate ordering, prescribing, or dispensing of medications – including hydroxychloroquine – to treat COVID-19.

MOAA has heard from some beneficiaries who have been unable to fill their hydroxychloroquine prescriptions at military treatment facilities. We have advised on the switch to [home delivery](#) and followed up with Express Scripts.

Express Scripts is not currently experiencing hydroxychloroquine shortages. Patients already taking hydroxychloroquine will continue to receive 90-day refill quantities from Express Scripts, but new hydroxychloroquine prescriptions will be limited to a 30-day supply with each fill.

Dear Candidate: MOAA's Message to All Those Up and Down the Ballot in 2020

(Note: Want to put this letter on your lawmaker's radar? Click here to send it as a Call to Action to your members of Congress. Look for a new link later in the election cycle so you can send this message to other candidates through our Legislative Action Center.)

Dear Candidate,

Every election year, candidates and their staffs reach out to the Military Officers Association of America (MOAA) and other advocacy groups seeking insights on the needs of the military community – problems to be fixed, benefits to be protected, services that have gone neglected.

The odds are the highest in 50 years that a candidate will not have military experience. Even those who've served may not be up to speed on the needs of current and former members of our nation's uniformed services – our armed services as well as the U.S. Public Health Service and National Oceanic and Atmospheric Administration.

Here are some of the issues that may touch your constituents, and how you can help MOAA help them. For more about these and other MOAA priorities, please review [MOAA's 2020 legislative mission](#).

With our nation in the midst of a pandemic, candidates must be aware of efforts to overhaul the **Military Health System** (MHS) resulting from a congressionally mandated reform plan passed into law with the FY 2017 NDAA. It is imperative we [halt these reductions immediately](#) and make no further reforms until we fully understand the lessons learned from this crisis. Congress made its decision to reduce and realign the MHS years before COVID-19; MHS reforms must be reconsidered under our new health care reality.

Candidates can help **keep military pay and benefits strong** by insisting compensation keep pace with the Employment Cost Index (ECI) as intended by law. And don't overlook other benefits that are just as important: Access to quality health care for currently serving, retirees, and their families; and reliable savings and inventory at the [commissary and exchange](#).

Candidates can [support military families](#) by continuing MOAA's push for housing reform, increasing child care capacity, improving the military moving (PCS) process, and opening the Work Opportunity Tax Credit to military spouses – a group that may suffer through some of the worst unemployment and underemployment rates of any demographic in your constituency. The old adage applies: "Recruit the member, retain the family."

Candidates can **push for concurrent receipt of military retired pay and VA disability compensation for all retirees** as a way to ensure service-earned pay for all servicemembers, regardless of where they fall in the VA's

disability system. The issue isn't new, but it remains a source of confusion and frustration for many. Help your beneficiaries by [understanding the process](#) and joining MOAA in the fight to approve concurrent receipt for so-called "Chapter 61" retirees (anyone medically retired from military service before 20 years) and all service-connected disabled retirees rated 40% and below.

Candidates can **support the total force** by backing plans to eliminate pay processing delays for National Guard and Reserve members, ensure these members receive timely health care and receive GI Bill benefits on par with the active force, and [expand the Military Lending Act](#) to cover all U.S. citizens, allowing these members to benefit from financial protections.

Candidates can **hold DoD and VA accountable** in providing key programs to military members and families, including more work to prevent suicides, provide for those [exposed to toxins](#) in the line of duty, aid wounded warriors and their caregivers, and preserve earned burial benefits.

Candidates can **back all uniformed services** by passing legislation that would protect the Coast Guard and members of the USPHS and NOAA Commissioned Corps in the event of funding lapses – members of these agencies either missed paychecks or dealt with significant financial uncertainty during the 2019 government shutdown. These agencies also require more funds to meet expanded missions, including disease prevention.

MOAA remains decidedly nonpartisan and regularly works with any elected official who seeks to support the members of the uniformed services, our nation's retirees, veterans, and their families and survivors. Please join us in this fight on behalf of this common constituency dedicated to our national defense.

USPHS Ready Reserve Corps Becomes Law With the CARES Act

The U.S. Public Health Service, whose Commissioned Corps officers are deployed across the country and abroad fighting COVID-19, has received the greenlight to build a reserve corps.

The CARES Act, which passed into law March 27, includes the U.S. Public Health Service Modernization Act, S. 2629, providing for a ready reserve corps to fill the need for an additional commissioned corps for emergency response missions. [MOAA advocated](#) for the measure along with 30 other veteran service organizations in The Military Coalition.

[Read the Letter: [Military Coalition Calls for Creation of a USPHS Reserve Corps](#)]

Consisting of 6,100 physicians, nurses, pharmacists, engineers, and more, the Corps' officers are America's health responders to natural and man-made disasters. The ongoing COVID-19 health emergency has increased the demand on uniformed medical missions, and the USPHS is in a unique position to offer support to health systems and advise state governments, a vital role in slowing the spread of the virus.

The Corps hopes to add 2,500 reserve officers, said Adm. Brett Giroir, the Assistant Secretary for Health at the Department of Health and Human Services, [in an interview with MOAA late last year](#).

"First, as our deployment needs go up, having a reserve corps that is able to deploy to supplement us is

really very important," he said at the time. "Second, there are going to be specialties we cannot support day to day, but we would need them for certain types of deployments. ... These are good opportunities for military and other uniformed services to come to us."

As the need for disease surveillance increases within each state, so does the need for increased numbers of USPHS officers. Their specific qualifications allow them to work directly at the local level to make individualized risk assessments and response plans.

[RELATED: [More Advocacy News from MOAA](#)]

The service is actively planning to launch its Reserve Corps, Giroir told MOAA in an April interview.

"We would like to have the first 100 ready reserve officers in probably the first or second quarter of 2021," he said.

Retired Rear Adm. Clare Helminiak, the former top medical officer of USPHS and a member of MOAA's Board of Directors, said the reserve could greatly help backfill positions as active officers are deployed.

"Part of the problem when you pull all these people out to help a state, a territory, or in a federal response, their day job suffers," Helminiak said. "So having a reserve to backfill in the Bureau of Prisons or at immigration and customs enforcement, healthcare facilities, or in the Indian Health Service would be really helpful."

In 2010, Congress had approved a ready reserve corps of 2,500 personnel, but due to a technical error, the legislation failed to include the statutory authority for pay and benefits, and so a reserve component was never activated. The current bill resolves this, giving the service authority to create a reserve component and provide compensation and benefits.

The successful passage of this new legislation highlights the critical advocacy efforts of MOAA and TMC partners. We will continue to support the USPHS's ability to maintain and grow a force of health care professionals who are providing continuous quality care during this disaster.

MOAA Staff Writer Amanda Dolasinski contributed to this report.

Why Should You Join MOAA?

MOAA provides resources for officers from all uniformed services and their families throughout all stages of their careers, including after they've taken off the uniform. Learn more about the benefits of membership.

Already a MOAA member? MOAA has more than 400 chapters around the country. Get involved in your community by finding the one closest to you and joining today!

MOAA Newsletter Advocacy, 23 April 2020: 35,000 Military Retirees Will Soon See a TRICARE Refund

About 35,000 military retirees will soon receive cash refunds from Tricare, thanks to a policy change made last year that affects how Tricare calculates annual out-of-pocket maximum payments.

The rebates impact retirees with [Tricare Prime](#) who paid more than \$2,400 out of pocket towards their annual maximum payment in 2018 and 2019. They do not impact [Tricare for Life](#) or [Tricare Retired Reserve](#) users.

A friend may well be reckoned the masterpiece of nature.

Ralph Waldo Emerson

MOAA WEBSITE: www.moaa.org
KANSAS COUNCIL WEBSITE: www.kansasmooa.net
JAYHAWK CHAPTER WEBSITE:
www.jayhawkmoaa.org

Tentative 2020 Meeting Schedule:

Tuesday	21 July ???
Tuesday	15 September
Tuesday	17 November



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NEVER STOP SERVING!

IN GOD WE TRUST