GRAB & GO IN IKE’S CAFE
Get to know your spice rack this holiday season

Capt. Lori W. Maggioni
Deputy Chief, Nutrition Care Division
Eisenhower Army Medical Center

Enjoying food in the company of family and friends is one of the things most special about the holiday season. When it comes to lightening up recipes, it is important to understand how to keep flavor when reducing fat, sugar or sodium. One way is through the addition of spices, herbs or other flavorings such as citrus. It is not about giving up everything that is tasty, just about making a few adjustments.

On average in this country, we consume about two times more salt than is recommended by health professionals. Too much salt can contribute to high blood pressure and has been linked to coronary heart disease, so it makes sense to cut down on your salt intake. It is amazing how quickly your taste buds adjust once you start to reduce the salt content in your foods.

Fortunately, there are so many ways to add flavor to dishes besides the salt shaker. Whether it’s rosemary, basil, tarragon or cilantro, fresh and dried herbs are one of the quickest, easiest ways to punch up the flavor of foods. Chopped or diced aromatic vegetables — onions, garlic, shallots, scallions, leeks, peppers, and celery — are a wonderful way to create base flavors in soups, stews, sauces and stir-fry recipes. Be sure to crumble dried herbs before using to release fragrant flavor and aroma.

One way to have fresh herbs last longer is to put ’em on ice. Place one tablespoon chopped robust herbs — lavender, oregano, thyme, rosemary, sage, or bay leaf — in each compartment of an ice cube tray. Cover to about two-thirds full with broth, oil, white wine, water or coconut water, then freeze. Once frozen, place ice cubes in zip-top freezer bags. Use one or two frozen cubes in soups, stews, sauces, roasted vegetables or omelets.

Research has shown incorporating spices into your diet can have a number of health benefits. Oregano, rosemary and turmeric steal the spotlight because of their high antioxidant levels and cancer-fighting properties. Ginger and peppermint have been used throughout history to treat everything from nausea and motion sickness to pain and inflammation, and they definitely have their place during cold and flu season.

Turn it up, turn it down, spices help the chef shine in professional and home kitchens ... and can reduce your sodium intake.

See SPICES on page 11
Leaders’ Forum provides look into future of DHA

Col. David E. Ristedt
Commander
Eisenhower Army Medical Center

CSM Allen and I attended the Army Medicine Leaders’ Forum in early October where discussions centered on the current state of the Army Medical Department, support to Army leadership’s focus and early lessons learned from the transition to the Defense Health Agency. The main point made throughout the forum is that while change is inevitable, the AMEDD is positioning itself to continue to serve the needs of national defense and care for our beneficiaries. We learned that military-civilian conversion of positions are appropriate when necessary and many military hospitals are adjusting their processes to meet new requirements.

The great news for Eisenhower Army Medical Center is that over the last 15 months, our philosophy has been to replace critical military losses with civilian health care experts to maintain our scope and capacity of care. As a result, we are well ahead of the transition and positioned exceptionally well for the future. EAMC and our teammates in Florida, Puerto Rico and Mississippi remain absolutely critical facilities to providing readiness, future health care experts and support to the warfighter. We have a tremendous amount to be proud of and I expect our future to remain bright as we continue to focus on readiness, quality, safety, GME and the patient experience — all of which were emphasized as core priorities for the future AMEDD and DHA facilities.

To further emphasize safety as a core value for EAMC, we are now performing a daily leader safety brief as part of our effort at high reliability. The focus is to increase communication and identify recent and any future potential safety concerns with leaders from the clinical areas and supporting experts all on the same call. I ask everyone in the hospital participate in providing information to your leadership during the unit daily huddle so they can bring it up to the group. In addition, I challenge everyone to ask your leadership what they heard during the safety huddle.

I see this as another opportunity to improve everyone’s awareness within facility, identify trends and address concerns.

Patient and staff safety remain a priority for EAMC and through continuing efforts with patient safety reports, enhanced communication and identifying early lessons learned from the transition and positioning EAMC exceptionally well for the future.

We are well ahead of the transition and positioned exceptionally well for the future.

New health sciences library resource supports wellness

Mary E. Gaudette
Librarian
Eisenhower Army Medical Center

Since the closing of its Consumer Library branch some years back, the EAMC Health Sciences Library has not been able to support the health and wellness needs of the Fort Gordon community as fully as it would like. Its EAMC fourth floor location has also limited the HSL’s ability to reach out to the public. However, all that is no longer the case thanks to its recent purchase of the Gale/Cengage Health and Wellness Resource Center, “HWRC” for short.

HWRC is a consumer health resource that offers trustworthy content in a variety of formats, from print to streaming video. Special features include a Spanish-language search filter, ReadSpeaker text-to-speech technology, and the ability to translate content into 40 languages. Patients and their families will appreciate the user-friendly interface and easy 24/7 access to the latest information on a broad spectrum of health topics, including wellness, disease outbreaks, immunizations, drugs, diagnostic tests, treatments, and much more.

Although designed for easy use by the general public, HWRC also has plenty to offer researchers and health professionals.

The public can access HWRC by going to http://infotrac.galegroup.com/itweb/dwight_army1?db=HWRC and then typing the word “army” (without the quotes) in the password field. Alternately, members of the public can ask to have accounts set up by contacting the library at 706-787-4446 or 4447. While at work, EAMC staff can access HWRC via its link on the Library’s IKEnet page.

In addition to providing access to HWRC, the library also supports wellness by displaying specifically themed posters each month: one located on the second floor in the main lobby; the other located across from the entrance to the third floor cafeteria. Accompanying the posters are related brochures, which are free for the taking.
3 Army Enlisted Commissioning Program grads promoted to first lieutenant

1st Lt. Joshua Davis, 9MSP, right, was promoted by 1st Lt. Rachel Blaz in the Eisenhower Army Medical Center garden Oct. 5.

DAVIS: “I joined the Army in 2004 as a medic. I becoming an RN because I really wanted to make a positive difference in people’s lives. I knew I liked the medical field from being a medic, so I settled on becoming an RN. I felt it would enable me to do the most good. The driving force that has gotten me where I am today is my Christian faith that teaches me to be selfless and to love others. My family is my other driving force, especially my wife as she has been very supportive.”

1st Lt. Hung Hoang, 11W, left, with his wife, Kim, at his promotion in the Eisenhower Army Medical Center garden Oct. 5.

HOANG: “I was prior service for four years. MOS was 11B [Infantryman]. I was looking for a medical MOS after experiencing the infantry side for a while and I was advised to try pursuing the nurse side by [brother-in-law] Capt. Phuc Dang. Since I started my clinical experience with patients, I felt I have become more grown as an individual, seeing how my actions could change someone’s life. Learning from each patient is a privilege.

“The driving force that has gotten me to where I am today would be trying to change the mindsets of how people outside the medical side see nurses, especially how my Asian culture see nurses. They don’t appreciate how important nurses are. They don’t believe we as nurses are the main key element that help move pieces and place certain pieces in patient care to improve their mortality.

“I am also driven by] the privilege to take care of our veterans. I [am] honored to reach a professional career [where I] have the opportunity to care for our Soldiers.”

1st Lt. Philip Leyshon, 11W, left, was prompted by his brother, Capt. James Howarth, in Eisenhower Army Medical Center’s garden Oct. 5.

LEYSHON: “I was prior service for 10 years as a 68P, radiology specialist. I chose to become a nurse to care for our nation’s warfighters, retirees and family members. I wanted to play a part to ‘conserve the fighting strength.’ The two driving forces that have brought me to where I am today are my family who have supported all the decisions I have made, and the excellent leaders who have pointed me in the right direction to achieve my goals.”

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### SHARP

**Restricted vs. Unrestricted Reporting**

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<tr>
<th>Restricted Report</th>
<th>Unrestricted Report</th>
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<td><strong>Who can accept a report:</strong></td>
<td><strong>Who can accept a report:</strong></td>
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<td>- Sexual Assault Response Coordinator (SARC)</td>
<td>- Commander</td>
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<td>- SAFPR Victim Advocate (VA)</td>
<td>- CID</td>
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<td>- Healthcare Personnel</td>
<td>- JAG</td>
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<td><strong>Do NOT CALL CID or Law Enforcement</strong></td>
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<td><strong>Limitations</strong></td>
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Hearing loss is insidious.
The sense of hearing is one of the five senses that may be the least noticeable as it slips away.
Perhaps you ask your waiter to repeat the specials because you didn't hear them. Perhaps you find yourself staring at the lips of the person talking to you, trying to guess what they’re saying. Perhaps someone asks why your TV is turned up so loud.
Perhaps your hearing has softly, unknowingly, left you in the quiet of hearing loss.

“I was at my third great-grandchild's birth, " said Sharon Holmes, 74. “At Christmas with all those children, I just have to sit and smile” because I can't hear them well enough.

“I knew my hearing was pretty bad,” she said.
The Army has long had the “Retiree-at-Cost Hearing Aid Program" that provides retired service members with hearing aids at cost, saving them thousands of dollars on some of the most-sophisticated hearing devices on the market. The recent National Defense Authorization Act expanded that program to include spouses of beneficiaries, such as Holmes, who is the wife of a soldier who retired in 1991.

Across society, hearing loss is an increasingly important public health issue.
About 2 percent of adults aged 45 to 54 have disabling hearing loss, according to National Institutes of Health’s National Institute on Deafness and Other Communication Disorders. The rate increases to 8.5 percent for adults aged 55 to 64. Nearly 25 percent of those aged 65 to 74 and 50 percent of those who are 75 and older have disabling hearing loss.

"About 28.8 million U.S. adults could benefit from using hearing aids."
Despite the large need for hearing aids, the majority of the population doesn't take advantage of the technological advances in assistive hearing devices.
According to the NIDOCD, "among adults aged 70 and older with hearing loss who could benefit from hearing aids, fewer than 1 in 3 has ever used them."

Eisenhower Army Medical Center's audiology clinic recently opened its doors to spouses of beneficiaries, helping bring them back from the quiet of hearing loss.

“We fit about 30 patients with hearing aids per month,” said Dr. Mark Little, Au.D., chief of audiology at EAMC. “We can easily double our capacity.” Recently, clinics at Fort Stewart and Fort Benning had to suspend their program due to over-booking.
Because the U.S. government is the world’s largest purchaser of hearing devices, said Little, we can provide the best hearing aids on the market at a savings of up to 80 percent over commercial hearing aid professionals. For example, one of the most well-respected manufacturer’s top-of-the line model has a retail list price between $4,100-$5,800 per ear. Through the “Retiree-at-Cost” program, those prices drop to between $700-$900 per set, depending on the device options, according to Terrie Ziegler, a audiologist at EAMC.

Most insurance companies and TRICARE do not cover hearing aids or, in some cases, the benefit is severely limited.
The audiology clinic at EAMC is a direct-referral clinic, meaning patients do not have to go through their primary care provider to get an appointment.

An avid golfer, Holmes is excitedly waiting on her hearing aid fitting. Delivery takes two to three weeks after the initial testing and fitting has been completed. Once the device arrives and final adjustments have been made, she will be back on the golf course, out of the quiet of hearing loss, listening to birds she doesn't know she hasn't been hearing.
ECHO benefit year changes to calendar year

TRICARE

Beginning on Jan. 1, the TRICARE Extended Care Health Option program’s benefit cap will apply to covered costs during a calendar year and not a fiscal year. The calendar year runs from Jan. 1 to Dec. 31.

Due to the shift to calendar year, TRICARE adjusted the benefit cap by $9,000 to cover the remaining quarter of this year. This includes the months of October through December. This will allow for a total amount of $45,000, from Oct. 1, 2017 to Dec. 31, 2018. The $36,000 limit for the costs of all ECHO benefits combined will reset on Jan. 1, 2019. This coverage limit doesn’t include ECHO Home Health Care. The benefit cap adjustment this year is for everyone who is in the ECHO program.

ECHO provides services and supplies for active duty family members with special needs. These are services and supplies beyond those offered by your TRICARE program option, such as TRICARE Prime or TRICARE Select.

To be eligible for ECHO benefits, you must sign up for your service’s Exceptional Family Member Program. Each service branch has its own EFMP and enrollment process. Also, you have to register for ECHO with your regional contractor.

For help with ECHO or want to see if you qualify, call your regional contractor. You must get prior authorization from your

see ECHO on page 11
Through the U.S. Army Medical Research and Materiel Command, the Department of Defense sponsors and funds biomedical research to advance military medical care.

The Command manages and executes research in five basic areas: military infectious diseases, combat casualty care, military operational medicine, chemical biological defense and clinical and rehabilitative medicine. Here at Eisenhower Army Medical Center’s Department of Clinical Investigation, medical research focuses mostly on combat casualty care, medical training, and clinical and rehabilitative medicine.

By establishing working relationships with DCI staff, including a specially trained veterinarian, and under the oversight of the Institutional Animal Care and Use Committee and the Institutional Review Board, physicians are able to develop lifesaving strategies specifically related to blast exposures and injuries, and traumatic brain injuries. Surgeons can also use animal models, simulators and tissue cultures to research life-saving measures and improved surgical procedures for combat trauma. Using a specially-designed hypobaric chamber, researchers simulate high-altitude conditions and design an

**What’s under the hood at DCI**

The Department of Clinical Investigation’s mission is to provide research, training, education and research regulatory oversight to advance army medicine and ensure warfighter readiness. DCIs across the Department of Defense have a similar mission, but most DCIs tend to focus on education and training. Any research that is performed is in support of the education and training missions. At Eisenhower Army Medical Center, DCI places a renewed emphasis on research and provides educational opportunities that support the research mission. This approach enhances the research mission for the faculty while

**Piers Hannah, Ph.D., grows bacteria from the oral microbiome in the anaerobic chamber to study bacterial adhesion rates on titanium implants at Eisenhower Army Medical Center’s Department of Clinical Investigation Oct. 17.**

**Maj. Alicia Cawlfield, DVM**
Attending Veterinarian
Eisenhower Army Medical Center

Advancing medical care, science through clinical investigation
Gratitude makes life happier

Capt. Hyoseok Kim
Chaplain, Clinician Department of Ministry
and Pastoral Care
Eisenhower Army Medical Center

November celebrates gratitude, gratitude for family, friends, significant others and so on. Imagine a family sitting around a table full of food and fun with laughter on their faces. The common theme for this family's time expresses “Thanksgiving” toward those we love and truly care about.

It is widely known that thankful people are healthier and happier than those who are not. It is said that the more thankful people are, the healthier and happier they become.

A positive psychology research related to optimal human functioning demonstrates that gratitude is strongly and consistently connected to greater happiness. According to a 2011 study published in the journal Heart International, acute cardiac patients, those who had positive psychological interventions actually had better outcomes than those who didn't.

Gratitude fosters positive emotions, better relations and enhances one's health and coping skills. An old sage once said, “If you do not have an idea of gratitude in your heart, you are the one who is rowing toward the self-destruction. At first, learn how to give thanks more than anything else.”

People can live much happier lives when they are grateful for the things they have in life. They say the happiest people are not the ones who have the most possessions, but the ones who are the most thankful. In short, gratitude makes life happier.

As we slide into that time of year where we are encouraged to give thanks and be grateful, it is a great idea to take that advice to heart. The sound of a song for the season lies in my ears, “Give thanks with a grateful heart ... Give thanks to the Holy One!” Happy Thanksgiving.

Warrior Adventure Quest held at US National White Water Center

Soldiers with Eisenhower Army Medical Center’s Emergency and Radiology departments, Family Medicine and Conley clinics, and 9 West participate in the Warrior Adventure Quest sponsored by the Department of Ministry and Pastoral Care at the U.S. National White Water Center in Charlotte, N.C. Oct. 2. The day-long team-building event was designed by EAMC’s Unit Ministry Team to assist commanders in improving Soldier readiness and resiliency while promoting esprit de corps and Army values.
DCI from page 7

animal model to develop strategies to predict, recognize and mitigate high-altitude sickness in our warfighters to maximize their effectiveness.

Perhaps the greatest research endeavor at DCI is in medical training. The DCI supports all of the Graduate Medical Education residency programs by supporting their medical education and research requirements. The DCI staff and resources make possible numerous research projects ranging from molecular to pre-clinical and clinical studies. The DCI Comparative Medicine Service supports all the pre-clinical animal research programs, and the vivarium proudly maintains its full accreditation by the AAALAC International since 1996.

The IRB has also enabled hundreds of clinical research projects at EAMC and in coordination with other institutions to advance clinical care.

HOOD from page 7

facilitating the training experience for EAMC’s residents.

DCI holds orientation tours for all Graduate Medical Education and Graduate Dental Education students to highlight the opportunities available to participate in on-going research studies or pursue their own novel projects. Residents typically participate in research during their third year, but are welcome to work on projects at any time with coordination with their program director. There are three 12-month research rotations for surgical residents during which they participate in every aspect of conducting a study. Multiple shorter rotations lasting from two weeks to three months are also provided.

Rotations are tailored to the individual needs of the residents as well as the graduate education programs to provide an understanding of the process of medical research and produce well-rounded health care providers. DCI has diverse technical capacity to support both basic and applied science in a wide array of military-focused endeavors including combat casualty care, wound healing, bone regeneration and prevention of acute mountain sickness. The graduate education programs at EAMC and Augusta University are also supported through training courses on microsurgical repair of oral and maxillofacial injuries, emergency medicine resuscitation procedures and advanced trauma life support. Research and training completed at DCI has resulted in publications in peer-reviewed scientific journals, presentations at national and international meetings, and an increased body of knowledge that benefits both military and civilian patients worldwide.

DCI occupies more than 12,000 square feet and is divided into four separate research laboratories with molecular biology, tissue culture, histology, radioactivity, microbiology and biochemistry capabilities; seven separate office spaces; freezer/refrigerator room; glassware wash room; and chemical/supply rooms, machine shop, and vivarium. The vivarium or animal facility, is fully staffed and maintained under the supervision of a licensed DOD veterinarian. It is a state-of-the-art AAALAC-accredited facility comprised of five animal — rabbit, rat, guinea pig, pig, goat — colony rooms, necropsy lab, automated cage wash facility, fully operational operating room suite equipped with three anesthesia tables, surgical microscope, stereotaxic apparatus, drills, microdissection instruments, scrub room, and pre-op suite. All listed equipment is available within the department and includes: floor, benchtop, and micro-centrifuges; light, fluorescent and scanning electron microscopes; a Carl Zeiss Laser Scanning Microscope; confocal microscope; Perkin Elmer Gas Chromatograph Mass Spectrometer and high-performance liquid chromatography system; Accuri C6 flow cytometer, Microvision microscan instrument which is used for blood vessel flow skin survival; a cryostat for histologic analysis, Biotek fluorescent plate reader; a custom build blast overpressure chamber for blast injury studies; analytical balances; numerous cell culture incubators; and reverse osmosis water purification units.

Complete literature search and publication requests are available through the EAMC Health Sciences Library, which contains more than 16,000 volumes and over 550 journal subscriptions. PUBMED, OVID, FEDRIP, AGRICOLA, and CRISP databases are also available electronically. Augusta Histological Services for embedding, processing, sectioning, staining of histological samples. Statistical analysis consultation is available locally through a contract agreement with Augusta State University.

Photo by David M. White

Maj. Dan Boudreaux takes images of insulin receptors on the surface of cells using the confocal, immunofluorescent microscope to study factors affecting diabetes at Eisenhower Army Medical Center’s Department of Clinical Investigation Oct. 17.
Sunday drives for leaf peeping pose specific hazards

Bob Meloche
Safety Manager
Eisenhower Army Medical Center

Fall can be a challenging time for driving, thanks to the unpredictability of the weather. Crisp temperatures and “all things pumpkin,” also means wet leaves, fog and wicked glare from the changing angle of the sun.

Deer; it’s always deer
This is breeding season for deer. As they lack the ability to use Tinder, you will see an increase in the number of deer scampering along and running across the roads. The activity is usually heaviest between sunset and sunrise.

Deer often travel in small packs, so if one deer crosses the road, it is a good bet that it will be followed by others.

Slow down and use caution, especially during early morning and early evening hours.

Glaring problems
Glare from the sun isn’t the first driving danger you think of when you think fall, but it’s still something to be aware of, especially during morning and evening rush hours. Methods of battling sun glare include, but are not limited to:
• Wearing polarized sunglasses
• Ensuring the inside of your windshield is clean and streak free
• Remove clutter from your sun visor so it can easily be used

Dead leaf dangers
As leaves begin to fall, they often hamper driving. Leaves cover traffic lines and pavement markings. When leaf covered roads get wet, they can be just as slippery as ice. If you’re driving on a leaf covered road, reduce your speed and drive with caution.

The fog of fall
Fog is a common issue in the fall, particularly during early morning and evening hours. Fog can dramatically decrease visibility. To battle the visibility challenges, ensure you are using low beam headlights, drive slowly and cautiously, with three to four times the following distance, you normally employ.

Jack Frost can be a jerk
As the temperatures start to drop and we move toward winter, overnight temperatures are often low enough to cause frost. Early morning drivers must be alert to the possibility of frost, especially on bridges, overpasses and shady areas. It’s also critical to clear windshields and all windows of frost before getting on the road.

Army Wellness Center All Stars: Petty Officer 1st Class Jacqueline Haynes

If it wasn’t for Fort Gordon’s Army Wellness Center, I don’t think I would be in the shape I am now!

The entire staff has been helpful, professional and extremely knowledgeable. They genuinely care and take the time to get to know you.

I know I have some things still to do — like improve my sleep habits and nutrition — but I know I’m in good hands here. I will get the tools I need and the guidance to improve those areas.

Without the Army Wellness Center, I wouldn’t be in my best shape since I joined the military.

Building 29605, Barnes Ave.
Fort Gordon, Ga.
706-787-6756
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regional contractor for all ECHO services. Also, a TRICARE authorized provider must provide these services. ECHO benefits include:

- Durable equipment
- Rehabilitation
- Respite care
- Special education
- Training
- Transportation in some circumstances

Go to the ECHO page on the TRICARE website to learn more about eligibility, benefits, costs and coverage limits. You can also download the Extended Care Health Option Fact Sheet for information. If you have questions about ECHO limits and the change to calendar year, contact your case manager.

COMMANDER from page 3

munication and identification of challenges, we will continue to eliminate risk and move closer to the tenets of a High Reliability Organization.

CSM and I were extremely proud to accept the Green Hospital award again this year as yet another tremendous accomplishment for our organization.

I want to thank everyone who is working so diligently to make the Holiday Ball on Dec. 14 a tremendous event. Our guest speaker will be the grandson of Gen. George S. Patton and we will have outstanding entertainment as well. I hope everyone is getting excited and planning to attend.

If you have any questions, remember the “What’s on your mind” button on the IkeNet is available, or feel free to approach either the CSM or myself at any time.

As always, thank you for taking care of each other and our patients. You change lives every day. We Are Eisenhower.

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Cinnamon is one of the most important spices used daily by people all over the world. In addition to being an antioxidant, anti-inflammatory, antimicrobial and cardiovascular-disease-lowering compound, cinnamon has been reported to have positive effects on blood sugar levels and neurological disorders, such as Parkinson’s and Alzheimer’s diseases. Try a sprinkle on your morning oatmeal, yogurt, baked sweet potatoes or even in your smoothie.

Once you start to incorporate more variety of herbs and spices in your diet, you will never look back and begin to reap the health benefits. It is simple changes that make the biggest difference when it comes to overall health. Spice it up this holiday.

Do your homework for first TRICARE Open Season

TRICARE

Beginning Nov. 12, TRICARE will kick off its first annual TRICARE Open Season. Visit Tricare.gov to learn about open season, who should participate and how to prepare.

TRICARE Open Season is the annual period when you can enroll in or change your health care coverage for the following year. TRICARE beneficiaries will experience open season for the first time, from Nov. 12 to Dec. 10. During TRICARE Open Season, you have three options:

- If you want to stay with your current health care plan, you don't have to take any action.
- If you're not enrolled in a TRICARE Prime or TRICARE Select plan, but eligible to do so, you may enroll.
- If you're already enrolled in TRICARE Prime or TRICARE Select, you can switch plans. For example, if you're eligible, you may switch from TRICARE Prime to TRICARE Select, or switch from individual to family coverage.

Any enrollment choices made during TRICARE Open Season will take effect Jan. 1, 2019.

If you have a premium-based plan and don't plan to enroll in a TRICARE Prime or TRICARE Select plan, TRICARE Open Season doesn't apply to you. All premium-based plans offer continuous open enrollment throughout the year. These health plans include:

- TRICARE Retired Reserve
- TRICARE Reserve Select
- TRICARE Young Adult
- Continued Health Care Benefit Program

Similarly, TRICARE Open Season doesn't apply to TRICARE For Life.

If you're thinking about changing plans, visit the Compare Plans page to make choosing a plan simpler and easier. You can compare the features of TRICARE Prime and TRICARE Select side-by-side.

Keep updated on all of the upcoming TRICARE changes. For the latest on changes to TRICARE, visit TRICARE News and TRICARE Changes.

Ike’s Cafe News

Grab & Go hours
Mon. - Fri., 10 a.m. to 10 p.m.

Grill-to-Order Service
Tues, Thurs, Lunch only
We are Eisenhower
WE KEEP OUR NATION READY

Jerel E. Brooks, Lead Medical Support Assistant, Central Appointments, at EAMC since September 2016

2nd Lt. Zerald G. Lopez, Medical/Surgical Army Nurse, 9MSP. 1 year in the Army, 9 months in EAMC

Dr. Aida C. Bruno, Traumatic Brain Injury Physical Therapist, at EAMC 7 years

Spc. Alan R. Newsome Intensive Care Unit, in the Army 2 years, 5 months, at EAMC 1 year