



2016 Copayment Rates

Outpatient Services *

Basic Care Services services provided by a primary care clinician	\$15 / visit
Specialty Care Services services provided by a clinical specialist such as surgeon, radiologist, audiologist, optometrist, cardiologist, and specialty tests such as magnetic resonance imagery (MRI), computerized axial tomography (CAT) scan, and nuclear medicine studies	\$50 / visit

* Copayment amount is limited to a single charge per visit regardless of the number of health care providers seen in a single day. The copayment amount is based on the highest level of service received. There is no copayment requirement for preventive care services such as screenings and immunizations.

Medications

Veterans in Priority Groups 2-6, for each 30-day or less supply of medication for treatment of nonservice-connected condition	\$8
(Veterans in Priority Groups 2 through 6 are limited to \$960 annual cap)	
Veterans in Priority Groups 7-8, for each 30-day or less supply of medication for treatment of nonservice-connected condition	\$9

(Veterans in Priority Groups 7-8 do not qualify for medication copay annual cap)

NOTE: Veterans in Priority Group 1 do not pay for medications

Inpatient Services

Priority Group 8

Inpatient Copay for first 90 days of care during a 365-day period	\$1,288
Inpatient Copay for each additional 90 days of care during a 365-day period	\$644
Per Diem Charge	\$10/day

Priority Group 7

Inpatient Copay for first 90 days of care during a 365-day period	\$257.60
Inpatient Copay for each additional 90 days of care during a 365-day period	\$128.80
Per Diem Charge	\$2/day

Long-Term Care **

Nursing Home Care/Inpatient Respite Care/Geriatric Evaluation	maximum of \$97/day
Adult Day Health Care/Outpatient Geriatric Evaluation Outpatient Respite Care	maximum of \$15/day
Domiciliary Care	maximum of \$5/day
Spousal Resource Protection Amount	\$119,220

** Copayments for Long-Term Care services start on the 22nd day of care during any 12-month period—there is no copayment requirement for the first 21 days. Actual copayment charges will vary from Veteran to Veteran depending upon financial information submitted on VA Form 10-10EC.



Combat Veteran Eligibility

Enhanced Eligibility For Health Care Benefits

On January 28, 2008, "Public Law 110-181" titled the "National Defense Authorization Act of 2008" was signed into law. Section 1707 amended Title 38, United States Code (U.S.C.), Section 1710(e) (3), extending the period of eligibility for health care for Veterans who served in a theater of combat operations after November 11, 1998, (commonly referred to as combat , Operation Enduring Freedom/ Operation Iraqi Freedom/Operation New Dawn (OEF/OIF/OND) Veterans).

On February 12, 2015, "Public Law 114-203" titled the "Clay Hunt Suicide Prevention for American Veterans Act", extended the period of eligibility for one year from the enactment of the act to Veterans who were discharged or released from the active military, naval, or air service after January 1, 2009, and before January 1, 2011.

Under the "Combat Veteran" and "Clay Hunt Suicide Prevention for American Veterans Act" authority, the Department of Veterans Affairs (VA) provides cost-free health care services and nursing home care for conditions possibly related to military service and enrollment in Priority Group 6, unless eligible for enrollment in a higher priority group to:

- **Combat Veterans who were discharged or released from active service on or after January 28, 2003**, are now eligible to enroll in the VA health care system for 5 years from the date of discharge or release. **NOTE: The 5-year enrollment period applicable to these Veterans begins on the discharge or separation date** of the service member from active duty military service, or in the case of multiple call-ups, the most recent discharge date.
- **Combat Veterans who were discharged or released from active service after January 1, 2009, and before January 1, 2011**, who did not enroll within the 5 years as stated above, are now eligible to enroll in the VA health care system for an additional period of one year beginning February 12, 2015.

Combat Veterans, while not required to disclose their income information, may do so to determine their eligibility for a higher priority status, beneficiary travel benefits, and exemption of copays for care unrelated to their military service.

Who's Eligible?

Veterans, including activated Reservists and members of the National Guard, are eligible if they served on active duty in a theater of combat operations after November 11, 1998, and have been discharged under other than dishonorable conditions.

Documentation Used To Determine Service in a Theater Of Combat Operations

- Military service documentation that reflects service in a combat theater, or
- receipt of combat service medals, and/or Page 1 of 3
- receipt of imminent danger or hostile fire pay or tax benefits.

Health Benefits Under The “Combat Veteran” Authority

- Cost-free care and medications provided for conditions potentially related to combat service.
- Enrollment in Priority Group 6 unless eligible for enrollment in a higher priority group.
- Full access to VA’s Medical Benefits Package.

What Happens After The Enhanced Eligibility Period Expires?

Veterans who enroll with VA under this authority will continue to be enrolled even after their enhanced eligibility period ends. At the end of their enhanced eligibility period, Veterans enrolled in Priority Group 6 may be shifted to Priority Group 7 or 8, depending on their income level, and required to make applicable copays.

What About Combat Veterans Who Do Not Enroll During Their Enhanced Authority Period?

For those Veterans who do not enroll during their enhanced eligibility period, eligibility for enrollment and subsequent care is based on other factors such as: a compensable service-connected disability, VA pension status, catastrophic disability determination, or the Veteran’s financial circumstances. For this reason, combat Veterans are strongly encouraged to apply for enrollment within their enhanced eligibility period, even if no medical care is currently needed.

Copays

Veterans who qualify under this special eligibility are not subject to copays for conditions potentially related to their combat service. However, unless otherwise exempted, combat Veterans must either disclose their prior year gross household income OR decline to provide their financial information and agree to make applicable copays for care or services VA determines are clearly unrelated to their military service.

Note: While income disclosure by a recently discharged combat Veteran is not a requirement, this disclosure may provide additional benefits such as eligibility for travel reimbursement, cost-free medication and/or medical care for services unrelated to combat.

Dental Care

Eligibility for VA dental benefits is based on very specific guidelines and differs significantly from eligibility requirements for medical care. Combat Veterans may be authorized dental treatment as reasonably necessary for the one-time correction of dental conditions if:

- They served on active duty and were discharged or released from active duty under conditions other than dishonorable from a period of service not less than 90 days and
- The certificate of discharge or release does not bear a certification that the Veteran was provided, within the 90-day period immediately before the date of such discharge or release, a complete dental examination (including dental X-rays) and all appropriate dental service and treatment indicated by

the examination to be needed and

- Application for VA dental treatment is made within 180 days of discharge or release under conditions other than dishonorable)

Additional Information

Additional information is available at the nearest VA medical facility. VA facilities listing and telephone numbers can be found on the internet at www.va.gov/directory/, or in the local telephone directory under the "U.S. Government" listings. Veterans can also visit the VA health benefits website at www.va.gov/healthbenefits/ or call VA toll free at 1-877-222-VETS (8387).



Veteran Health Identification Card

In 2014, VA began issuing enrolled Veterans a newly redesigned Veteran Health Identification Card (VHIC) that totally eliminates the use of a Veteran's SSN. Similar to a typical health insurance card, the VHIC displays the Veteran's Member ID and a Plan ID that reflects the Veteran's enrollment in VA health care.

The VHIC not only eliminates use of a Veteran's SSN, but also provides improved features, such as displaying the enrolled Veteran's branch of service; embossing the letters "va" in Braille for easier identification of vision-impaired Veterans and integration of DOD's Electronic Interchange Personal Identifier (EDIPI) as an enrolled Veteran's Member ID.



Enrolled Veterans may obtain a no-cost VHIC by going to their local VA medical facility's VHIC processing office and presenting required identification information noted below. The VHIC is then mailed, usually within 7 days.

Primary Identification	Secondary Identification
Present ONE form of Primary Identification	Present ONE form of Secondary Identification
State-issued Driver's license	Social Security Card
U.S. Passport or U.S. Passport Card (unexpired)	Original or certified Birth Certificate
Foreign passport with Form I-94 or Form I-94A (unexpired)	Certification of Birth Abroad Issued by the Department of State (Form FS-545)
U.S. Military card	Certification of Report of Birth issued by the Department of State (Form DS-1350)
Military dependent's ID card	Voter's Registration Card
U.S. Coast Guard Merchant Mariner Card	Native American Tribal Document
Foreign passport that contains a temporary I-551 stamp	U.S. Citizen ID Card (Form I-197)
Permanent Resident Card or Alien Registration Receipt Card (Form I- 551)	Identification Card for Use of Resident Citizen in the United States (Form I-179)
Federal, state, or local government issued ID card with a photograph	Employment Authorization document issued by the Department of Homeland Security
Employment Authorization Document that contains a photograph (Form I- 766)	Canadian Driver's License

For more information on the VHIC, visit www.va.gov/healthbenefits/vhic or call 1 877-222-8387.