

2022 VA health care copay rates

Review 2022 copay rates for VA and VA-approved health care.

We've started to collect copayments again

As of **October 1, 2021**, we've started to collect copayments again for medical care and pharmacy services. We continue to offer options for financial hardship assistance.

If you need help, call us at [866-400-1238](tel:866-400-1238) (TTY: 711). We're here Monday through Friday, 8:00 a.m. to 8:00 p.m.

Get answers to more questions about COVID-19 medical debt relief at www.va.gov/COMMUNITYCARE/revenue_ops/Medical-Debt-Relief

Effective January 1, 2022

Note: Some Veterans don't have to pay copays (they're "exempt") due to their disability rating, income level, or special eligibility factors.

Learn how we determine whether you'll pay copays at www.va.gov/health-care/about-va-health-benefits-cost-of-care/

Urgent care copay rates

(Care for minor illnesses and injuries)

There's no limit to how many times you can use urgent care. To be eligible for urgent care benefits, including through our network of approved community providers, you must:

- Be enrolled in the VA health care system, **and**
- Have received care from us within the past 24 months (2 years)

You won't have to pay any copay for a visit where you're only getting a flu shot, no matter your priority group.

Learn more about urgent care benefits at www.va.gov/COMMUNITYCARE/programs/veterans/Urgent_Care

2022 urgent care copay rates		
Priority group	Copay amount for first 3 visits in each calendar year	Copay amount for each additional visit in the same year
1 to 5	\$0 (no copay)	\$30
6	If related to a condition that's covered by a special authority*: \$0 (no copay) If not related to a condition covered by a special authority*: \$30 each visit	\$30
7 to 8	\$30	\$30

* Special authorities include conditions related to combat service and exposures (like Agent Orange, active duty at Camp Lejeune, ionizing radiation, Project Shipboard Hazard and Defense (SHAD/Project 112), Southwest Asia Conditions) as well as military sexual trauma, and presumptions applicable to certain Veterans with psychosis and other mental illness.

Outpatient care copay rates

(Primary or specialty care that doesn't require an overnight stay)

If you have a service-connected disability rating of 10% or higher you won't need to pay a copay for outpatient care.

If you don't have a service-connected disability rating of 10% or higher you may need to pay a copay for outpatient care for conditions not related to your military service, at the rates listed below.

2022 outpatient care copay rates	
Type of outpatient care	Copay amount for each visit or test
Primary care services (like a visit to your primary care doctor)	\$15
Specialty care services (like a visit to a hearing specialist, eye doctor, surgeon, or cardiologist)	\$50
Specialty tests (like an MRI or CT scan)	\$50

Note: You won't need to pay any copays for X-rays, lab tests, or preventive tests and services like health screenings or immunizations.

Inpatient care copay rates

(Care that requires one or more days in a hospital)

If you have a service-connected disability rating of 10% or higher you won't need to pay a copay for inpatient care.

If you're in priority group 7 or 8 you'll pay either our full copay rate or reduced copay rate. If you live in a high-cost area, you may qualify for a reduced inpatient copay rate no matter what priority group you're in. To find out if you qualify for a reduced inpatient copay rate, call us toll-free at [877-222-8387](tel:877-222-8387). We're here Monday through Friday, 8:00 a.m. to 8:00 p.m. ET.

2022 reduced inpatient care copay rates for priority group 7	
Length of stay	Copay amount
First 90 days of care during a 365-day period	\$311.20 copay + \$2 charge per day
Each additional 90 days of care during a 365-day period	\$155.60 copay + \$2 charge per day

Note: You may be in priority group 7 and qualify for these rates if you don't meet eligibility requirements for priority groups 1 through 6, but you have a gross household income below our income limits for where you live and you agree to pay copays.

Review the current VA national income limits at www.va.gov/healthbenefits/apps/explorer/AnnualIncomeLimits/HealthBenefits

2022 full inpatient care copay rates for priority group 8	
Length of stay	Copay amount
First 90 days of care during a 365-day period	\$1,556 copay + \$10 charge per day
Each additional 90 days of care during a 365-day period	\$778 copay + \$10 charge per day 155.60 copay + \$2 charge per day

Note: You may be in priority group 8 and qualify for these rates if you don't meet eligibility requirements for priority groups 1 through 6, and you have a gross household income above our income limits for where you live, agree to pay copays, and meet other specific enrollment and service-connected eligibility criteria.

Learn more about priority groups at www.va.gov/health-care/eligibility/priority-groups/

Medication copay rates

If you're in priority group 1 you won't pay a copay for any medications.

Note: You may be in priority group 1 if we've rated your service-connected disability at 50% or more disabling, if we've determined that you can't work because of your service-connected disability (called unemployable), or if you've received the Medal of Honor.

Learn more about priority groups at www.va.gov/health-care/eligibility/priority-groups/

If you're in priority groups 2 through 8

You'll pay a copay for:

- Medications your health care provider prescribes to treat non-service-connected conditions, **and**
- Over-the-counter medications (like aspirin, cough syrup, or vitamins) that you get from a VA pharmacy. You may want to consider buying your over-the-counter medications on your own.

Note: The cost for any medications you receive while staying in a VA or other approved hospital or health facility are covered by your inpatient care copay.

The amount you'll pay for these medications will depend on the "tier" of the medication and the amount of medication you're getting, which we determine by days of supply. Once you've been charged \$700 in medication copays within a calendar year (January 1 to December 31), you won't have to pay any more that year—even if you still get more medications. This is called a copay cap.

2022 outpatient medication copay amounts			
Outpatient medication tier	1-30 day supply	31-60 day supply	61-90 day supply
Tier 1 (preferred generic prescription medicines)	\$5	\$10	\$15
Tier 2 (non-preferred generic prescription medicines and some over-the-counter medicines)	\$8	\$16	\$24
Tier 3 (brand-name prescription medicines)	\$11	\$22	\$33

If you have a service-connected rating of 40% or less and your income falls at or below the national income limits for receiving free medications, you may want to provide your income information to us to determine if you qualify for free medications.

Review the current VA national income limits at www.va.gov/healthbenefits/apps/explorer/AnnualIncomeLimits/HealthBenefits

Find out how we determine your health care costs at www.va.gov/health-care/about-va-health-benefits/cost-of-care/

Geriatric and extended care copay rates

You won't need to pay a copay for geriatric care (also called elder care) or extended care (also called long-term care) for the first 21 days of care in a 12-month period. Starting on the 22nd day of care, we'll base your copays on 2 factors:

- The level of care you're receiving, **and**
- The financial information you provide on your Application for Extended Care Services (VA Form 10-10EC).

2022 geriatric and extended care copay amounts by level of care		
Level of care	Types of care included	Copay amount for each day of care
Inpatient care	<ul style="list-style-type: none"> ▪ Short-term or long-term stays in a community living center (formerly called nursing homes) ▪ Overnight respite care (in-home or onsite care designed to give family caregivers a break, available up to 30 days each calendar year) <p>Overnight geriatric evaluations (evaluations by a team of health care providers to help you and your family decide on a care plan)</p>	Up to \$97
Outpatient care	<ul style="list-style-type: none"> ▪ Adult day health care (care in your home or at a facility that provides daytime social activities, companionship, recreation, care, and support) ▪ Daily respite care (in-home or onsite care designed to give family caregivers a break, available up to 30 days each calendar year) <p>Geriatric evaluations that don't require an overnight stay (evaluations by a team of health care providers to help you and your family decide on a care plan)</p>	Up to \$15
Domiciliary care for homeless Veterans	<ul style="list-style-type: none"> ▪ Short-term rehabilitation <p>Long-term maintenance care</p>	Up to \$5

Learn more about long-term care options at www.va.gov/health-care/about-va-health-benefits/long-term-care/

Services that don't require a copay

You won't need to pay a copay for any of the services listed here, no matter what your disability rating is or what priority group you're in.

- Readjustment counseling and related mental health services
- Counseling and care for issues related to military sexual trauma
- Exams to determine your risk of health problems linked to your military service
- Care that may be related to combat service for Veterans that served in a theater of combat operations after November 11, 1998
- VA claim exams (also called compensation and pension, or C&P, exams)
- Care related to a VA-rated service-connected disability
- Care for cancer of head or neck caused by nose or throat radium treatments received while in the military
- Individual or group programs to help you quit smoking or lose weight
- Care that's part of a VA research project (like the Million Veteran Program)
- Laboratory (lab) tests
- Electrocardiograms (EKGs or ECGs) to check for heart disease or other heart problems
- VA health initiatives that are open to the public (like health fairs)