

Chapter 9

VA Copayments and Insurance

Overview of Copayments

While many Veterans qualify for free healthcare services based on a VA compensable Service-connected condition or other qualifying factor, most Veterans are asked to complete an annual financial assessment, to determine if they qualify for free services. Veterans whose income exceed the established VA Income Thresholds as well as those who choose not to complete the financial assessment must agree to pay required copays to become eligible for VA healthcare services.

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

Inpatient Services	
Priority Group 8	
Inpatient copayment for the first 90 days of care during a 365-day period	\$1,156.00
Inpatient copayment for each additional 90 days of care during a 365-day period	\$578.00
Per diem charge	\$10/day
Priority Group 7	
Inpatient copayment for the first 90 days of care during a 365-day period	\$231.20
Inpatient copayment for each additional 90 days of care during a 365-day period	\$115.60
Per diem charge	\$2/day
Pharmacy	
As applicable, Veterans in Priority Groups 2, 3, 5 and 6, for each 30-day or less supply of medication for treatment of Nonservice-connected conditions (Annual medication cap is \$960)	\$8
Veterans in Priority Groups 7 and 8, for each 30-day or less supply of medication for treatment of Nonservice-connected conditions (No annual medication cap)	\$9

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
*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 10-105C.	