



Uploaded to VFC Website

▶▶▶ July 2013 ◀◀◀

This Document has been provided to you courtesy of Veterans-For-Change!

Feel free to pass to any veteran who might be able to use this information!

For thousands more files like this and hundreds of links to useful information, and hundreds of "Frequently Asked Questions, please go to:

[Veterans-For-Change](http://Veterans-For-Change.com)

Veterans-For-Change is a A 501(c)(3) Non-Profit Organization

Tax ID #27-3820181

CA Incorporation ID #3340400

CA Dept. of Charities ID #: CT-0190794

If Veteran's don't help Veteran's, who will?

We appreciate all donations to continue to provide information and services to Veterans and their families.

https://www.paypal.com/cgi-bin/webscr?cmd=_s-xclick&hosted_button_id=WGT2M5UTB9A78

Note:

VFC is not liable for source information in this document, it is merely provided as a courtesy to our members & subscribers.





2013 Copayment Requirements at a Glance

	Inpatient Care (\$10 per day + \$1184 for first 90 days and \$592 after 90 days – based on 365-day period).	Outpatient Care (\$15 Primary Care; \$50 Specialty Care; \$0 for x-rays, lab, immunizations, etc.)	Outpatient Medication (\$8 per 30-day supply PG 2-6 Calendar Year cap - \$960) (\$9 per 30-day supply PG 7-8 No Calendar Year cap)	Extended Care Services Institutional NHCU, Respite, Geriatric Eval - \$0-97 per day. Non-Institutional Respite, Geriatric Eval, ADHC - \$15 Domiciliary - \$5
Priority Group 1 (SC 50% or more)	No	No	No	No
*Priority Groups 2, 3 (SC 10% - 40%) No medication copayment for SC condition, former POWs, or Catastrophically Disabled Veterans **former POWs not exempted	No	No	Yes*	No
**Priority Group 4	No	No	No **	Yes
Priority Group 5 No medication or extended care services copayment if in receipt of VA pension or income below applicable pension threshold	No	No	Yes	Yes
Priority Group 6 (Combat Veteran, SHAD, SC 0% compensable, ionization radiation, Agent Orange exposure, Southwest Asia service, stationed at Camp Lejeune 1957-1987) ***Copay rules apply if care or service provided is unrelated to VA's exposure treatment authorities.	No****	No****	No****	No****
Priority Group 7 Inpatient copay is reduced 80% of full rate	Yes	Yes	Yes	Yes
Priority Group 8 Unless income is below applicable pension threshold for medication and extended care services copayment	Yes	Yes	Yes	Yes

Basic Business Rule

No extended care copayment when income is below pension single rate threshold.

*Copayment Free Care and Medication for treatment of Service-Connected (SC) disabilities, SC 50% or more, former POWs, Catastrophically Disabled Veterans, VA pensioners, and those under Special Authorities (e.g. PG 6, military sexual trauma, nasopharyngeal radium irradiation).

**Copayment for extended care services for former POWs when care provided is for a NSC condition.

***Veterans determined by VA to be Catastrophically Disabled (CD) are exempted from inpatient, outpatient and prescription copayments. CD Veterans are also exempt from copayments applicable to the receipt of non-institutional respite care, non-institutional geriatric evaluation, non-institutional adult day health care, Homemaker/Home Health Aide, Purchased Skilled Home Care, Home based Primary Care, and any other non-institutional alternative extended care services. Co-payment for other extended care services (ex. Nursing Home Care) not mentioned still apply.

***A&A and HB – For Veterans who are not in receipt of a VA Pension, but requires the aid and attendance (A&A) of another person or is permanently housebound (HB), the income limits for determining the exemption from outpatient medication copayment requirements and the eligibility for beneficiary travel benefits will be based on the maximum annual rate of pension as Identified in VHA Fact Sheet IB10-497.

****Exposure Treatment Authorities: Care authorized under 38 U.S.C. 1710(e) for Vietnam-era herbicide exposed Veterans, radiation-exposed Veterans, Gulf War Veterans, post-Gulf War combat exposed Veterans or Camp Lejeune Veterans.

OEF/OIF/OND Combat Veterans Enhanced Eligibility for Health Care Benefits

Combat Veterans discharged from active duty on or after January 28, 2003, are eligible for enrollment in Priority Group (PG) 6 for 5 years following discharge unless eligible for a higher enrollment priority (PG 1-5). After the special eligibility period ends, these Veterans will be reassigned to appropriate PG and subject to copayments, if applicable.

Copayments only applicable for PG 6 Combat Veteran enrollees for care related to a condition that is congenital or developmental e.g., scoliosis existed before military service (unless aggravated by combat service) or has a specific ailment that began after military service, such as a common cold, etc.

Comprehensive Medical Benefits Package

All enrolled Veterans have a comprehensive medical benefits package, which VA administers through an annual patient enrollment system. The enrollment system is based on priority groups to ensure health care benefits are readily available to all enrolled Veterans. Enrollment in the VA health care system provides Veterans with the assurance that comprehensive health care services will be available when and where they are needed during that enrollment period.