



# VETERAN COPAYMENTS & HEALTH INSURANCE

FEBRUARY 2020

**VA**



U.S. Department of Veterans Affairs

VA San Diego Healthcare System

# WHEN YOU APPLY FOR VA HEALTH CARE, WE'LL ASSIGN YOU TO 1 OF 8 PRIORITY GROUPS

This system helps to make sure that Veterans who need care right away can get signed up quickly. It also helps to make sure we can provide high quality care to all Veterans enrolled in the VA health care program.

## PRIORITY GROUP 1

- Veterans with VA service-connected disabilities rated 50% or more disabling, or
- Veterans awarded the Medal of Honor, or
- Veterans determined by VA to be unemployable due to VA service-connected conditions.

## PRIORITY GROUP 2

Veterans with VA service-connected disabilities rated 30% or 40% disabling

## PRIORITY GROUP 3

- Veterans who are former POWs, or
- Veterans awarded the Purple Heart Medal, or
- Veterans whose discharge was for a disability that was incurred or aggravated in the line of duty, or
- Veterans with VA service-connected disabilities rated 10% or 20% disabling, or
- Veterans awarded special eligibility classification under Title 38, U.S.C., Section 1151, "benefits for individuals disabled by treatment or vocational rehabilitation."

## PRIORITY GROUP 4

- Veterans who are receiving VA aid and attendance or housebound benefits, or
- Veterans who have been determined by VA to be catastrophically disabled.

## PRIORITY GROUP 5

- Non service-connected Veterans and non-compensable service-connected Veterans rated 0% disabled whose annual income is below established VA Means Test thresholds, or
- Veterans receiving VA pension benefits, or
- Veterans eligible for Medicaid benefits.

## PRIORITY GROUP 6

- World War I Veterans, or
- Compensable 0% service-connected Veterans, or
- Veterans exposed to ionizing radiation during atmospheric testing or during the occupation of Hiroshima and Nagasaki, or
- Project 112/SHAD participants, or
- Veterans exposed to the defoliant Agent Orange while serving in the Republic of Vietnam between 1962 and 1975, or

- Veterans of the Persian Gulf War who served between August 2, 1990 and November 11, 1998, or
- Veterans who served in a theater of combat operations after November 11, 1998 as follows:
  - Currently enrolled Veterans and new enrollees who were discharged from active duty on or after January 28, 2003, are eligible for the enhanced benefits for 5 years post discharge.

## PRIORITY GROUP 7

Veterans with gross household income below the geographically adjusted income threshold (GMT) for their resident location and who agree to pay copays.

## PRIORITY GROUP 8

Veterans with gross household income above the VA national income threshold and the geographically adjusted income threshold for their resident location and who agree to pay copays.

### • VETERANS ELIGIBLE FOR ENROLLMENT:

#### Non-compensable 0% service-connected and:

- SUB-PRIORITY A: Enrolled as of January 16, 2003, and who have remained enrolled since that date and/or placed in this sub-priority due to changed eligibility status.
  - SUB-PRIORITY B: Enrolled on or after June 15, 2009 whose income exceeds the current VA National Income Thresholds or VA National Geographic Income Thresholds by 10% or less.
- ### • VETERANS ELIGIBLE FOR ENROLLMENT:
- #### Non service-connected and:
- SUB-PRIORITY C: Enrolled as of January 16, 2003, and who have remained enrolled since that date and/or placed in this sub-priority due to changed eligibility status.
  - SUB-PRIORITY D: Enrolled on or after June 15, 2009, whose income exceeds the current VA National Income Thresholds or VA National Geographic Income Thresholds by 10% or less.

### • VETERANS NOT ELIGIBLE FOR ENROLLMENT:

#### Veterans not meeting the criteria above:

- SUB-PRIORITY E: Non-compensable 0% service-connected
- SUB-PRIORITY G: Non service-connected

# COPAYMENTS FOR MEDICAL CARE

## MEDICAL CARE COPAYMENTS\*

### Daily Outpatient Services:

Specialty care .....	\$50.00
Primary care .....	\$15.00
Preventative screening .....	no copay

### Inpatient Admission (Priority Group 7)

For first 90 days/year .....	\$281.60
Additional 90 days/year .....	\$140.80
Plus a daily charge of .....	\$2.00

### Inpatient Admission (Priority Group 8)

For up to 90 days/year .....	\$1,408.00
Additional 90 days/year .....	\$704.00
Plus a daily charge of .....	\$10.00

### Nursing Home Care

Non service-connected Veterans and 0% service-connected Veterans may be subject to a copayment up to \$97.00 per day.

\*Subject to change

## WHICH VETERANS ARE NOT REQUIRED TO MAKE COPAYS?

Many Veterans qualify for cost-free health care and/or medications based on:

- Receiving a Purple Heart Medal (may take copay test to determine medication copay status), or
- Former Prisoner of War Status (both are free), or
- Receiving a Medal of Honor (may take a copay test to determine medication copay status), or
- Compensable VA service-connected disabilities, (0 - 40% service-connected may take copay test to determine medication copay status), or
- Low income, or
- Other qualifying factors, including treatment related to their military service experience.

## INCOME THRESHOLDS FOR MEDICAL CARE COPAYMENT

Single Veteran income .....	\$34,171.00
Married Veteran household income .....	\$41,005.00
Each additional dependent add .....	\$2,351.00

## A MEDICAL CARE COPAYMENT IS REQUIRED IF YOU:

- Are non service-connected with income and/or net worth above established thresholds, or
- Are 0% service-connected with income and/or net worth above the established threshold for non service-connected conditions.



## HELPFUL INFORMATION ABOUT COPAYMENTS & HEALTH INSURANCE

We are committed to meeting your health care needs. We hope this brochure will help answer your questions about copayments and how your other health insurance works together with the Veterans Health Administration.

### HEALTH CARE PROVIDED BY VA IS PAID WITH:

- Funds appropriated by Congress via tax dollars,
- Reimbursements from a patient's health insurance, and
- Copayments from patients.

For information about the Veterans Community Care Program, please visit:

<https://www.va.gov/COMMUNITYCARE/>

# COPAYMENTS FOR PHARMACY CARE

## A PHARMACY COPAYMENT IS NOT REQUIRED IF YOU:

- Are non service-connected with income below established thresholds, or
- Are rated less than 50% service-connected and the medication is for a service-connected condition, or
- Were a POW, or
- Are a Veteran who is rated 50% service-connected or more.

## A PHARMACY COPAYMENT IS REQUIRED IF YOU:

- Are non service-connected with income exceeding established thresholds, or
- Are rated less than 50% service-connected with income above the thresholds who are receiving medications for non service-connected conditions.

PRIORITY GROUP	OUTPATIENT MEDICATION TIER	COPAYMENT AMOUNT		
		1-30 day supply	31-60 day supply	61-90 day supply
2-8	TIER 1 (Preferred Generics)	\$5.00	\$10.00	\$15.00
	TIER 2 (Non-Preferred Generics and some OTCs)	\$8.00	\$16.00	\$24.00
	TIER 3 (Brand Name)	\$11.00	\$22.00	\$33.00
	\$700.00 Medication Copayment Cap			

Note: Veterans in Priority Groups 2 through 8 are limited to \$700.00 annual cap.

## TIER COPAYMENT DEFINITIONS

- TIER 1** consists of the lowest cost prescription drugs, most are generic
- TIER 2** consists of medium-cost prescription drugs, most are generic, and some brand name prescription drugs
- TIER 3** consists of high-cost prescription drugs, most are brand-name prescription drugs

## INCOME THRESHOLDS FOR PHARMACY\*

Single Veteran Income.....	\$13,752.00
Married Veteran Household Income .....	\$18,008.00
Each Additional Dependent Add .....	\$2,351.00

\*Subject to change



The amount you'll pay for medication will depend on the TIER of the medication and the amount of medication you're getting, which we determine by days of supply.

# COMMUNITY BASED URGENT CARE



The VA now offers a community based Urgent Care benefit for all enrolled Veterans. To be eligible for urgent care, Veterans must be enrolled in the VA health care system, and have received care through the VA, or VA funded community provider, in the last 24 months. Veterans may be charged a copay for urgent care service depending on the Veteran's assigned priority group and the number of times an urgent care provider is visited in a calendar year. The copay breakdown is as follows:

PRIORITY GROUP	COPAYMENT
1-5	No copayment for the first three visits during a calendar year. For four or more visits in a calendar year, the copayment is \$30.00.
6	If the visit is related to a condition covered by special authority* or exposure: <ul style="list-style-type: none"> <li>• First three visits (per calendar year), the copayment is \$0.</li> <li>• For four or more visits (per calendar year), the copayment is \$30.00.</li> </ul> If not related to a condition covered by a special authority* or exposure, the copayment is \$30.00 per visit.
7-8	\$30.00 per visit.
ALL (1-8)	\$0 copay for a visit consisting only of a flu shot.

\* Special authorities include those related to combat service and exposures (e.g. 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 illnesses.

## VETERANS AFFAIRS & PRIVATE HEALTH INSURANCE

SHARING YOUR HEALTH INSURANCE INFORMATION WITH THE VA HELPS SUPPORT YOUR CARE AND:

- Your VA copayment for medical treatment may be reduced.
- Your private insurance deductible may be met without any out-of-pocket expenses.
- Your health care dollars stay here to improve the services we provide to you.



Please show your health insurance coverage card when you check in for every appointment.

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# WE ARE LOOKING FORWARD TO ASSISTING YOU

If you have any questions, please call:  
Business Office Patient Representative  
(858) 552-7544

or

Health Benefits & Enrollment  
(858) 552-7523

Business Hours: 7:00 a.m. to 4:00 p.m.

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# IF YOU HAVE ANY QUESTIONS PLEASE CALL

