



# VA HEALTH CARE

Fact Sheet 16-1

January 2009

## 2009 Copay Rates

Effective January 1, 2009

### 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

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

### Medications

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

### Inpatient Services \*\*

Inpatient Copay for first 90 days of care during a 365-day period	\$1,068
Inpatient Copay for each additional 90 days of care during a 365-day period	\$534
Per Diem Charge	\$10 / day

\*\* Based on geographically-based means testing, lower income veterans who live in high-cost areas may qualify for a reduction of 80% of inpatient copay charges.

## 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

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