

## 2012 Copay Requirements at a Glance

	<b>Inpatient</b> (\$10/day + \$1156 for first 90 days and \$578 after 90 days – based on 365-day period).	<b>Outpatient Care</b> (\$15 Primary Care; \$50 Specialty Care; \$0 for x-rays, lab, immunizations, etc.)	<b>Outpatient Medication</b> (\$8 per 30-day supply PG 2-6) PG 2-6 Calendar Year cap - \$960 (\$9 per 30-day supply PG 7-8) No Calendar Year cap for PG 7-8	<b>Extended Care Services</b> Institutional NHCU, Respite, Geriatric Eval - \$0-97 per day. Non-Institutional Respite, Geriatric Eval, ADHC - \$15 Domiciliary - \$5
<b>Priority Group 1 (SC 50% or more)</b>	No	No	No	No
<b>*Priority Groups 2, 3 (SC 10% - 40%)</b> No medication copay for SC condition or ex-POW or Catastrophically Disabled	No	No	Yes	No
<b>**Priority Group 4</b>	No	No	No **	Yes
<b>Priority Group 5</b> No medication or extended care services copay if in receipt of VA pension or income below applicable pension threshold	No	No	Yes	Yes
<b>Priority Group 6 (Combat Veteran, SHAD, SC 0% compensable, ionization radiation, Agent Orange exposure, Southwest Asia service)</b> ***Copay rules apply if care or service provided is unrelated to VA's exposure treatment authorities.	No	No	No	No
<b>Priority Group 7</b> Inpatient copay is reduced 80% of full rate	Yes	Yes	Yes	Yes
<b>Priority Group 8</b> Unless income is below applicable pension threshold for medication and extended care services copays	Yes	Yes	Yes	Yes

## Basic Business Rule

No extended care copay if income below pension single rate threshold.

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

\*\*Veterans determined by VA to be Catastrophically Disabled (CD) are exempted from inpatient, outpatient and prescription copays. Veterans with CD 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. Copayment for other extended care services (ex. Nursing Home Care) not mentioned still apply.

\*\*AA & HB – For Veterans who are not in receipt of a VA Pension, but requires the Aid and Attendance of another person or is permanently housebound, the income limits for determining eligibility for medication copayment exemption and first party copayment will be based on the maximum annual rate of pension as outlined in VHA Directive entitled **Income Thresholds and Clinical Criteria used in Identifying Veterans Exempt from Extended care Service and Outpatient Medication Co-payment and in Determining Eligibility for Beneficiary Travel.**

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

## OIF/OEF/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 copays, if applicable.

Copays 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.