



2004 Copayment Rates

This fact sheet is a supplement to the VA publication, A Guide to VA Health Care, dated January 2004. For more information-including who must pay copayments-please refer to the guide's Copayment Requirements section on pages 8 and 9.

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

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

Medications

*Includes an \$840 annual cap for some enrollment priority groups.....\$7/prescription

Inpatient Services

Inpatient Copayment \$876*for the first 90 days of care during a 365-day period

Per Diem Charge..... \$10*/day

*Based on the new geographically-based means testing, lower income veterans who live in high-cost areas may qualify for a reduced charge.

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 10-10EC.