

VA Health Care ★ Enrollment Priority Groups

Enrollment Priority 1

- Veterans with service-connected disabilities rated 50% or more disabling

Enrollment Priority 2

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

Enrollment Priority 3

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

Enrollment Priority 4

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

Enrollment Priority 5

- Nonservice-connected veterans and noncompensable service-connected veterans rated 0% disabled whose annual income and net worth are below the established VA Means Test thresholds
- Veterans receiving VA pension benefits
- Veterans eligible for Medicaid benefits

Enrollment Priority 6

- World War I veterans
- Mexican Border War veterans
- Veterans solely seeking care for disorders associated with:
 - exposure to herbicides while serving in Vietnam; or
 - exposure to ionizing radiation during atmospheric testing or during the occupation of Hiroshima and Nagasaki; or
 - for disorders associated with service in the Gulf War;
 - for any illness associated with service in combat in a war after the Gulf War or during a period of hostility after November 11, 1998; or
- Compensable 0% service-connected veterans

Enrollment Priority 7

Veterans who agree to pay specified copayments with income and/or net worth above the VA Means Test threshold and income below the HUD geographic index

- Subpriority a: Noncompensable 0% service-connected veterans who were enrolled in the VA Health Care System on a specified date and who have remained enrolled since that date
- Subpriority c: Nonservice-connected veterans who were enrolled in the VA Health Care System on a specified date and who have remained enrolled since that date
- Subpriority e: Noncompensable 0% service-connected veterans not included in Subpriority a above
- Subpriority g: Nonservice-connected veterans not included in Subpriority c above

Enrollment Priority 8

Veterans who agree to pay specified copayments with income and/or net worth above the VA Means Test threshold and the HUD geographic index

- Subpriority a: Noncompensable 0% service-connected veterans enrolled as of January 16, 2003 and who have remained enrolled since that date
- Subpriority c: Nonservice-connected veterans enrolled as of January 16, 2003 and who have remained enrolled since that date
- Subpriority e: Noncompensable 0% service-connected veterans applying for enrollment after January 16, 2003
- Subpriority g: Nonservice-connected veterans applying for enrollment after January 16, 2003

Additional Information:

The term service-connected means, with respect to a condition or disability, that VA has determined that the condition or disability was incurred in or aggravated by military service. Some veterans may have to agree to pay copayments to be placed in certain priority groups.

**ENROLLMENT PRIORITY GROUPS 7 AND 8
GEOGRAPHIC MEANS TEST (GMT) THRESHOLD INFORMATION**

Note: The Geographic Means Test thresholds are based on the HUD low-income thresholds that are published each year. The GMT is based on your permanent address zip code. Due to the complexity of the revised Priority Group 7 and the new Priority Group 8, if you have questions, please contact the Enrollment Center at your VA facility.

References for description of Priority Groups 7 and 8:

GMT= Geographic means test (threshold charts are listed at the end of this page).

MT= Means test (thresholds are listed on the front side).

PRIORITY GROUP 7:

Veterans who agree to pay specified copayments with income and/or net worth above the VA Means Test threshold and income below the GMT income threshold.

- Ø Subpriority a: Noncompensable 0% service-connected veterans who were enrolled in the VA Healthcare System on a specified date and who have remained enrolled since that date
- Ø Subpriority c: Nonservice-connected veterans who were enrolled in the VA Healthcare System on a specified date and who have remained enrolled since that date
- Ø Subpriority e: Noncompensable 0% service-connected veterans not included in Subpriority a above
- Ø Subpriority g: Nonservice-connected veterans not included in Subpriority c above

PRIORITY GROUP 8:

Veterans who agree to pay specified copayments with income and/or net worth above the VA Means Test threshold and the GMT income threshold.

- Ø Subpriority a: Noncompensable 0% service-connected veterans enrolled as of January 16, 2003 and who have remained enrolled since that date
- Ø Subpriority c: Nonservice-connected veterans enrolled as of January 16, 2003 and who have remained enrolled since that date
- Ø Subpriority e: Noncompensable 0% service-connected veterans applying for enrollment after January 16, 2003
- Ø Subpriority g: Nonservice-connected veterans applying for enrollment after January 16, 2003

NOTE: Effective January 17, 2003, we can no longer treat Priority Group 8 except as follows:

- Ø Noncompensable 0% service-connected vets may be seen for their 0% SC condition only
- Ø Any PG 8 enrolled on or prior to January 16, 2003
- Ø Medical emergencies but vet will be billed at the humanitarian rate

GEOGRAPHIC MEANS TEST THRESHOLDS FOR THE COUNTIES WE SERVE AT BREVARD:

# In Household:		GMT Threshold \$ Amounts:					
BREVARD CO:		INDIAN RIVER CO:		ORANGE/OSCEOLA/SEMINOLE CO:		VOLUSIA CO:	
1	\$29,950	1	\$29,350	1	\$30,650	1	\$26,150
2	\$34,250	2	\$33,550	2	\$35,000	2	\$29,900
3	\$38,500	3	\$37,750	3	\$39,400	3	\$33,600
4	\$42,800	4	\$41,900	4	\$43,750	4	\$37,350
5	\$46,200	5	\$45,250	5	\$47,250	5	\$40,350
6	\$49,650	6	\$48,650	6	\$50,750	6	\$43,350
7	\$53,050	7	\$52,000	7	\$54,250	7	\$46,350
8	\$56,500	8	\$55,350	8	\$57,750	8	\$49,300

2004 INSURANCE/COPAY INFORMATION

By law, VA is allowed to bill third party insurance carriers for treatment provided to you for non-service connected conditions (NSC). This means VA can bill your insurance company for certain care. This includes policies held by you, your spouse or guardian. Neither VA nor the patient can legally bill Medicare; however, VA can bill supplemental policies you hold. Reimbursements received from insurance carriers can be used to offset your copayment debt. When the insurance carrier does not reimburse VA for the services provided, you are responsible for paying the copayments as outlined below. The unpaid copayment balance remains your payment responsibility. Please bring your insurance card with you and present it to the Enrollment Clerk or the Medical Clerk on your Team so that we may enter the information for proper billing. Monies collected from insurance companies allow us to provide care to more veterans.

PRIORITY GROUPS 7 & 8 (MT COPAY/GMT COPAY REQUIRED) DISCRETIONARY CARE:

See reverse side for detailed information.

Income/asset information is verified through the Health Eligibility Center in Atlanta, GA. Therefore, it should be as accurate as possible. The information you provide to VA facilities is subject to audit and charges could apply for incorrect data.

2004 Income Thresholds for Reporting 2003 income (see reverse side for more detailed information):

	Below MT Threshold: (MT COPAY EXEMPT)	Above MT Threshold: (MT COPAY REQUIRED)
Veterans with no dependents	\$25,162	\$25,163+
Veterans with one dependent	\$30,197	\$30,198+
Veterans with two dependents	\$31,885	\$31,886+
Veterans with three dependents	\$33,573	\$33,574+
Veterans with four dependents	\$35,261	\$35,262+
Add \$1,688 for each additional dependent		

Income and/or asset threshold for net worth development: \$80,000. Child income exclusion: \$7950.

2004 Copayment Charges (based on 2003 income levels):

Primary Care Outpatient Visit (all inclusive) =	\$15.00
Specialty Care Outpatient Visit (all inclusive) =	\$50.00
Hospital Care (all inclusive) MT =	\$876.00 (for 1-90 days) + \$10 per day
Hospital Care (all inclusive) GMT =	\$175.00 (for 1-90 days) + \$2 per day
Nursing Home Care (all inclusive) =	Use guidelines for LTC copayments

PRESCRIPTION COPAY

Public Laws 101-508 and 106-117 requires VA to assess a \$7.00 copayment for each 30-day supply or less of medication furnished to veterans on an outpatient basis for the treatment of a nonservice-connected conditions. Veterans whose annual income does not exceed the maximum annual rate of pension are exempt from the \$7.00 copayment. You must provide annual income information for the copayment determination. If no financial information is provided, you are considered non-exempt and will be charged. The annual cap on medication copayments for calendar year 2004 is \$840 for certain priority groups.

2004 MAXIMUM PENSION RATES

Veteran with no dependents	\$ 9,894
Veteran with one dependent	\$12,959
Veteran with two dependents	\$14,647
Add \$1,688 for each additional dependent	

SEE REVERSE SIDE FOR ADDITIONAL INFORMATION