



VA HEALTH CARE

Fact Sheet 16-1
January 2010

2010 Copay Rates

Effective January 1, 2010

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	maximum of \$97/day
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