U.S. Department of Veterans Affairs
Veterans Health Administration

VA HEALTH CARE | Defining EXCELLENCE in the 21st Century

Health Care Benefits Overview

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Veterans Crisis Line
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Introduction

This guide is designed to provide Veterans and their families with the information they need to understand VA's health care system – eligibility requirements, health benefits and services available to help Veterans and copayments that certain Veterans may be charged.

Updated Topics and Benefits!

Stay Connected with VA – page 2
Combat Veterans can Apply for Enrollment by Telephone – page 3
Seamless Care for Traveling Veterans – page 7
Financial Reporting Requirements – page 8
Enrolled, but Later Determined Ineligible – page 15
Camp Lejeune Water Contamination Benefits – page 29
Free Transportation to VA Appointments – page 32
Declare Health Care Coverage to Internal Revenue Service – page 39

This book is not intended to provide information on all of the health benefits and services offered by VA. Additional information is available at the following resources:

- www.VA.gov/healthbenefits
- VA Health Benefits toll-free 1-877-222-VETS (8387) Monday - Friday between 8 a.m. and 8 p.m. ET
- Your local VA health care facility's Enrollment Office

Legal Status and Use of Seals and Logos

The seal of the Department of Veterans Affairs authenticates the 2016 edition of Health Care Benefits Overview as the official summary of benefits that have been separately promulgated under Federal regulations established under Register Act. Under the provisions of 38 Code of Federal Regulations 1.9(f), it is prohibited to use the official seal, replicas, reproductions, or embossed seals of the Department of Veterans Affairs on any republication of this material without the express, written permission of the Secretary or Deputy Secretary of Veterans Affairs. Any person using official seals and logos of the Department of Veterans Affairs in a manner inconsistent with the provisions of 38 Code of Federal Regulations 1.9 may be subject to the penalties specified in 18 United States Code 506, 701, or 1017 as applicable.

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Benefits of Enrolling

Today's Veterans have a comprehensive medical benefits package (see page 20 for a complete list of medical benefits VA offers). VA offers a variety of health care services from basic primary care to nursing home care for eligible Veterans (see "Available Long-Term Care Services" on page 21). Enrollment in the VA health care system provides Veterans with the promise that comprehensive health care services will be available when and where they are needed.

In addition to the assurance that services will be available, enrolled Veterans welcome not having to repeat the application process — regardless of where they seek their care or how often. VA is America's largest integrated health care system, serving more than 8 million Veterans each year.

Need more reasons to enroll?

- If you are enrolled in VA health care, you don't need to take additional steps to meet the healthcare law coverage standards.
- Medical care rated among the best in the U.S.
- Immediate benefits of health care coverage. Veterans may apply for VA health care enrollment at any time.
- No enrollment fee, monthly premiums, or deductibles. Most Veterans have no out-of-pocket costs. Some Veterans may have to pay small copayments for health care or prescription drugs.
- More than 1,200 medical facilities available to get your care. This means your coverage can go with you if you travel or move.
- Freedom to use other plans with your VA health care, including Medicare, Medicaid, TRICARE or private insurance.
- Enrolled Veterans who are travelling or spending time away from their preferred facility may obtain care at any VA health care facility across the country without having to reapply.
- Under VA's medical benefits package, the same medical benefits are generally available to all enrolled Veterans.

Medical Care for Service-Connected Veterans Abroad

Veterans with a VA-rated service-connected condition may receive treatment for that condition even in a foreign country (see "Health Benefits for Service-Connected Conditions are Never Out of Reach" on page 33).

High Quality Care

VA is committed to providing the high quality, effective health care Veterans have earned and deserve. We have established a record of safe, exceptional care that is consistently recognized by independent reviews, organizations and experts. VA is recognized as a leader in improving the quality of health by leveraging new technologies, research and relationships with other health care organizations. For more information, visit www.va.gov/qualityofcare/.

Stay Connected With VA

Share your email address with VA to receive information on VA benefits and services delivered right to your inbox! Visit the "***Stay Connected with VA***" box located on VA's homepage at www.va.gov and enter your email address to start receiving information about VA benefits.

VA Health Care Enrollment and Eligibility

Quickly Find Out If You May Be Eligible For Enrollment

Use the online VA Health Benefits Explorer at hbexplorer.vacloud.us to answer a few questions about yourself (you will be asked no more than 15 questions) and learn about the VA health care benefits you could receive as an enrolled Veteran. Afterwards, you will be given an opportunity to apply for enrollment.

If you wish, you may skip the Explorer and simply apply for enrollment using one of the options below.

Easy Ways to Apply for Enrollment

By Phone

Veterans who served in a theater of combat operations after November 11, 1998, can complete applications for enrollment in VA health care by telephone without the need for a signed paper application. All other Veterans may apply by phone starting July 5, 2016. VA staff members will collect the needed information and process the enrollment application for an enrollment determination. To apply, call 1-877- 222-VETS (8387) Monday - Friday between 8 a.m. and 8 p.m. ET.

Online

When applying online at www.1010ez.med.VA.gov/, Veterans simply fill out the application and electronically submit it to VA for processing. While you may submit and/or attach documentation, such as your DD 214 with your application, VA will search for your supporting information through its electronic information systems and will contact you if it is unable to verify your military service. For help filling out the application, call 1-877-222-VETS (8387) Monday - Friday between 8 a.m. and 8 p.m. ET.

By Mail

The application form can be downloaded from www.va.gov/healthbenefits/enroll. Mail the completed form to:

Health Eligibility Center
Enrollment Eligibility Division
2957 Clairmont Road Suite 200
Atlanta, GA 30329-1647

In Person

You can apply at any VA health care facility.

You Select Where You Want to Receive Your Care

As part of the enrollment process, Veterans will be given the opportunity to select the VA Medical Center (VAMC) or Community Based Outpatient Clinic (CBOC) where you prefer to been seen. To find a facility near you, visit VA's directory at www.va.gov/directory.

VA Veterans Choice Program

Enrolled Veterans can receive care by a non-VA health care provider closer to home rather than wait for a VA appointment or travel a long distance to a VA facility. The Veterans Choice Program temporarily authorizes enrolled Veterans to receive health care from non-VA providers. The following conditions apply:

- Veteran told by his or her local VA medical facility that they will not be able to schedule an appointment for care within 30 days of the date the Veteran's physician determines he/she needs to be seen or within 30 days of the date the Veteran wishes to be seen, if there is no specific date from his or her physician;
- Veteran lives more than 40 miles driving distance from the closest VA medical facility with a full-time primary care physician;
- Veteran needs to travel by air, boat or ferry to the VA medical facility closest to his/her home;
- Veteran faces an unusual or excessive burden in traveling to the closest VA medical facility based on geographic challenges, environmental factors, a medical condition, the nature or simplicity or frequency of the care needed and whether an attendant is needed. Staff at the Veteran's local VA medical facility will work with him or her to determine if the Veteran is eligible for any of these reasons; or
- Veteran lives in a state or territory without a full-service VA medical facility which includes: Alaska, Hawaii, New Hampshire (Note: this excludes New Hampshire Veterans who live within 20 miles of the White River Junction VAMC) and the United States territories (excluding Puerto Rico, which has a full service VA medical facility).

Non-VA care is only covered by VA for medical needs that have been approved by a VA physician. Veterans who choose to use their Choice Card should coordinate pre-approved care by calling 1-866-606-8198. For more information, visit www.va.gov/opa/choiceact/.

Enrollment Priority Groups - What are they and how do they work?

Today's Veterans have a comprehensive medical benefits package, which VA administers through an annual patient enrollment system. The enrollment system is based on priority groups to ensure health care benefits are readily available to all enrolled Veterans. Complementing the expansion of benefits and improved access is our ongoing commitment to providing the very best in quality health care service to our patients when they are needed during that enrollment period regardless of the treatment program or the location.

Priority Group 1

- Veterans with VA-rated service-connected disabilities 50% or more disabling.
- Veterans determined by VA to be unemployable due to service-connected conditions.

Priority Group 2

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

Priority Group 3

- Veterans who are former Prisoners of War (POWs).
- Veterans awarded a Purple Heart medal.
- Veterans whose discharge was for a disability that was incurred or aggravated in the line of duty.
- Veterans with VA-rated service-connected disabilities 10% or 20% disabling.
- Veterans awarded special eligibility classification under Title 38, U.S.C., § 1151, "benefits for

individuals disabled by treatment or vocational rehabilitation".

- Veterans awarded the Medal of Honor (MOH).

Priority Group 4

- Veterans who receive aid and attendance or housebound benefits from VA.
- Veterans who have been determined by VA to be catastrophically disabled.

Priority Group 5

- Nonservice-connected Veterans and non-compensable service-connected Veterans rated 0% disabled by VA with annual income below the VA's and geographically (based on your resident zip code)adjusted income limit.
- Veterans receiving VA pension benefits.
- Veterans eligible for Medicaid programs.

Priority Group 6

- Compensable 0% service-connected Veterans.
- Veterans exposed to ionizing radiation during atmospheric testing or during the occupation of Hiroshima and Nagasaki.
- Project 112/SHAD participants.
- Veterans of the Mexican border period or of World War I
- Veterans who served in the Republic of Vietnam between January 9, 1962, and May 7, 1975
- Veterans of the Persian Gulf War who served between August 2, 1990, and November 11, 1998
- Veterans who served on active duty at Camp Lejeune for at least 30 days between August 1, 1953, and December 31, 1987*
- Veterans who served in a theater of combat operations after November 11, 1998 as follows:
    - Currently enrolled Veterans and new enrollees who were discharged from active duty on or after January 28, 2003, are eligible for the enhanced benefits for five years post discharge.

Note: At the end of this enhanced enrollment priority group placement time period, Veterans will be assigned to the highest Priority Group (PG) their eligibility status at that time qualifies for.

* While eligible for PG 6; until system changes are implemented Veterans are assigned to PG 7 or 8 depending on their household income.

** While eligible for PG 6; due to system limitations, Veterans will be manually assigned to Priority Group 8c, yet eligible for the enhance benefits.

Priority Group 7

- Veterans with gross household income below the geographically-adjusted VA income limit for their resident location, and who agree to pay copays.

Priority Group 8

- Veterans with gross household incomes above the VA income limits and the geographically-adjusted income limits for their resident location, and who agree to pay copays.

Veterans eligible for enrollment: Noncompensable 0% service-connected and:

- ***Subpriority a:*** Enrolled as of January 16, 2003, and who have remained enrolled since that date and/or were placed in this subpriority due to changed eligibility status.
- ***Subpriority b:*** Enrolled on or after June 15, 2009, whose income exceeds the current VA income limits or the geographically-adjusted VA income limits by 10% or less.

Veterans eligible for enrollment: Nonservice-connected and:

- ***Subpriority c:*** Enrolled as of January 16, 2003, and who have remained enrolled since that date and/or were placed in this subpriority due to changed eligibility status.
- ***Subpriority d:*** Enrolled on or after June 15, 2009, whose income exceeds the current VA income limit and geographic income limit by 10% or less.

Veterans not eligible for enrollment: Veterans not meeting the criteria above:

- ***Subpriority e:*** Noncompensable 0% service-connected (eligible for care of their service-connected condition only).
- ***Subpriority g:*** Nonservice-connected.

New Enrollees Will Receive a Welcome to the VA Call and a Personalized Health Benefits Handbook

Once you are enrolled, you can begin enjoying your VA health care benefits. You will receive a Welcome to VA telephone call from VA staff. During that call, we can answer many of your initial questions, provide information regarding your health benefits and other services provided through VA, and schedule your initial VA health care appointment. You also will receive a personalized letter and a Veterans Health Benefits handbook in the mail. The handbook will detail your VA health care benefit information, based on your specific eligibility factors, in an organized, easy-to-read format. It also includes information on your preferred facility; copay responsibilities; how to schedule appointments; ways to communicate treatment needs and more. For more information, visit www.va.gov/healthbenefits/vhbh/index.asp.

Keep your Personal Information Updated with All VA Organizations

While you are enrolled, it is important to update or report changes to your address, phone number, name, health insurance or financial information. Since the three VA organizations' (Veteran Health Administration (VHA), Veteran Benefits Administration (VBA) & National Cemetery Administration (NCA)) computer databases are not connected, you will need to notify each of the appropriate VA organizations (VHA, VBA & NCA)of your demographic and personal information changes. Keeping your information accurate allows VA to better inform you of updates to benefits and services. To update your information with VHA, complete VA Form 10-10EZR (Health Benefits Renewal Form) on-line at www.va.gov/healthbenefits; call toll-free at 1-877-222-VETS (8387) Monday – Friday between 8 a.m. and 8 p.m. ET. or contact the enrollment coordinator at your local medical facility. Self- service kiosks are available at most VA health care facilities for use in updating your personal information as well. For more information, see "Self-Service Kiosks" on page 34.

Your Information is secure with the Veteran Health Identification Card

VA issues enrolled Veterans a Veteran Health Identification Card (VHIC) for use at VA health care facilities. The VHIC safeguards your personal information – the member ID and card number have eliminated the

need for your Social Security number to be on the card. Similar to a typical health insurance card, the VHIC signifies your enrollment in VA health care.

The VHIC is used as proof of identity, and to check in for appointments at VA health care facilities. While the card is not required to receive health care, VA recommends all enrolled Veterans obtain a card.

To obtain a VHIC, you will need to provide two forms of identification, such as your driver's license or passport, to your local VA health care facility and have your photo taken. The card will be mailed to you, usually within 7 to 10 days after the card has been requested. For more information about the types of identification needed, go to "What document(s) do I need to prove my identity to receive a VHIC?" on page 49. You also can visit www.va.gov/healthbenefits/vhic or call toll free 1-877-222-VETS (8387) Monday - Friday between 8 a.m. and 8 p.m. ET. If your card is lost or stolen, contact your local VAMC for assistance.

Schedule an Appointment

You can request a doctor's appointment when you apply for enrollment. We can also help you schedule your first appointment during your Welcome to VA call. An appointment will be made with a VA doctor or other healthcare provider and you will be notified via mail of the appointment date and time. If you need health care before your scheduled appointment, you can contact the enrollment coordinator, Urgent Care Clinic or the emergency room at your local VA medical facility.

You Will Be Assigned A Personalized Care Team

Every patient is assigned a Patient Aligned Care Team (PACT) they can count on to help coordinate and personalize their care. Every PACT includes a primary care provider, clinical pharmacist, RN care manager, LPN or medical assistant and clerk. Veterans can expect their PACT to help them use health care services, including eHealth technologies, which are necessary to optimize their health and well-being. For more information, visit www.va.gov/health/services/primarycare/pact or contact the enrollment coordinator at your local VA medical facility.

Seamless Care for Traveling Veterans

VA wants to ensure that your health care is coordinated and seamless whether, you are seen at your local VA health care facility or at alternate VA health care facilities when you are traveling or temporarily experiencing a change of address, such as living in one state during the winter and another during summer. If you know you will be traveling, your experience is greatly enhanced if you contact your VA PACT or Specialty Care Provider(s) 4 to 6 weeks prior to beginning extended travel or as soon as possible. If you see a VA provider while traveling, that care will be recorded in your electronic medical record for follow-up treatment options with your PACT. When you contact your PACT, be sure to have the following information available:

- travel destination(s) and temporary address
- a valid telephone number
- arrival and departure dates
- specific care concerns

Coordination of Care among VA Facilities

You may receive specialized medical treatments and services in a variety of VA settings—clinic, hospital, emergency room, VA Community Living Center, or your own residence. In order to manage the different aspects of care effectively, your PACT will use our electronic medical record system to ensure the coordination of your care, whether at your preferred site of care or an alternate facility.

For more information, contact your PACT or a Traveling Veteran Coordinator at your local VA facility.

Financial Reporting Requirements

While many Veterans qualify for enrollment and cost-free health care services based on a compensable service-connected condition or other qualifying factors, certain Veterans will be asked to complete a financial assessment at the time of enrollment to determine their eligibility for free medical care, medications and/or travel benefits. The assessment is based on the previous year gross household income of the Veteran's and his or her spouse and dependents, if any. This financial information also may be used to determine the Veteran's enrollment Priority Group. For more information, visit www.va.gov/healthbenefits/cost/financial_assessment.asp, call toll-free 1-877-222-VETS (8387) Monday - Friday between 8 a.m. and 8 p.m. ET or contact the enrollment coordinator at your local VA medical facility.

Note: VA eliminated the annual requirement for updated financial information. VA now uses information from the Internal Revenue Service (IRS) and Social Security Administration (SSA) to automatically match individual Veterans' income information, reducing the burden on Veterans to keep their healthcare eligibility up to date.

Net Worth Information No Longer Required

In January 2015, VA eliminated the use of net worth information as a determining factor for eligibility and copayment responsibilities. VA will only consider a Veteran's gross household income and deductible expenses from the previous year. This change makes VA health care benefits more affordable to lower-income Veterans, who have no service-connected condition or other qualifying factors.

Use Our Online Tool to Determine Your Eligibility Based on Income

Our financial calculator at hbexplorer.vacloud.us can help you determine whether your income would be considered in determining your enrollment eligibility.

Hardship Program

If you are denied enrollment because your previous year household income exceeds the income limit, you may qualify for enrollment via VA's Financial Hardship program if you have had a recent change in your household income, such as a loss of employment. For more information, refer to the Financial Hardship Section on "Struggling To Pay VA Copayments? VA Has Programs That Can Help" on page 12.

VA income limit information can be found online at nationalincomelimits.vaftl.us.

Copayments

Types of Copayments

No copayments are charged for treatment of service-connected conditions.

Outpatient Copayments*

This copay is based on the highest of two levels of service on any individual day.

- **Primary Care Services** – Services provided in a primary care setting to address overall patient care – $15
- **Specialty Care Services** – In general, services delivered in a specialty outpatient clinic provided by highly-specialized, narrowly-focused health care professionals –$50

Services provided in Specialty Care areas, such as:

- Surgery
- Radiology
- Audiology
- Optometry
- Cardiology
- and specialty tests, such as:
    - magnetic resonance imagery (MRI)
    - computerized axial tomography (CAT) scan
    - nuclear medicine studies (highest level of service)

**There is no copay requirement for preventive care services, such as screenings or immunizations.*

No copayments are charged for treatment of service-connected conditions.

Medication Copayments

Veterans in Priority Group 1 do not pay for medications.

There is a $8 copay (subject to change) for each 30-day-or-less supply of medication provided on an outpatient basis for treatment of a nonservice-connected condition for Veterans in PGs 2 - 6, with an annual copay cap of $960, unless otherwise exempted. This copay is $9 for Veterans in PG 7 or 8 with no annual copay cap.

Even though a prescription may be written for 90 days, each 30-day-or-less supply is subject to that year's applicable medication copay rate. A 90-day supply would cost three times the applicable medication copay rate based on your priority group.

This copay rate applies to each prescription, including each 30-day supply or less of maintenance medications.

Priority Group	Copayment amount		
	1-30 day supply	31-60 day supply	61-90 day supply
1 & exempted Veterans	$0	$0	$0
2 through 6	$8	$16	$24
7 and 8	$9	$18	$27

New Medication Copay Rates in 2017

In 2017, outpatient medication copay for a 30-day-or-less supply will change. Veterans with non-service connected conditions enrolled in Priority Groups 2-8 will be subject to the new copay rates as follows:

Medication Type	New Copay Rate
Tier 1, preferred generics	$5
Tier 2, non-preferred generics (including some over the counter medications)	$8
Tier 3, brand name medications	$11

There is no medication copay charge for Veterans enrolled in Priority Group 1 or other exempted Veterans.

Decrease in Medication Copay Annual Cap

The medication annual copay will be reduced from $960 annually to $700 for all Veterans unless otherwise exempted.

Medication Copay Rates – Effective 2017				
Priority Group and Tier		Copay Amount		
Priority Group	Tier	1-30 Day	31-60 Day	61-90 Day
1 & Exempted	All Tiers	$0	$0	$0
2 – 8	Tier 1 (Preferred Generics)	$5	$10	$15
	Tier 2 (Non-Preferred Generics and some Over the Counter)	$8	$16	$24
	Tier 3 (Brand Name)	$11	$22	$33

Inpatient Copayments

There are two inpatient copay rates – the full rate and the reduced rate. The reduced inpatient copay rate, which is 20% of the full inpatient rate, applies to Veterans enrolled in PG 7. Both the full inpatient copay rate and the reduced inpatient copay rate are computed over a 365-day period. This copay is charged in addition to a standard copay for each 90 days of care within a 365-day period, regardless of the level of service (such as intensive care, surgical care or general medical care); a per diem charge will be assessed for each day of hospitalization. Because the Inpatient Copay rates change each year, they are published separately and can be found online at www.va.gov/healthbenefits/cost or for more copayment information, call toll free 1-877-222-VETS (8387) Monday - Friday between 8 a.m. and 8 p.m. ET.

Long-Term Care Copay Rates*

This copay is based on three levels of care (see "Available Long-Term Care Services" on page page 21 for definitions).

- **Inpatient:** Community Living Centers (nursing home) Care/Inpatient Respite Care/Geriatric Evaluation - Up to $97 per day
- **Outpatient:** Adult Day Health Care/Outpatient Geriatric Evaluation/Outpatient Respite Care - $15 per day
- **Domiciliary Care:** - $5 per 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 on the financial information submitted on VA Form 10-10EC (Application for Extended Care Services).

NOTE: There are no copayments for hospice care provided in any setting.

Annual Changes to Copay Rates

Copay rates may change annually, including the annual cap on medication copayments. Current-year rates can be found at any VA health care facility or on VA's web site at www.va.gov/healthbenefits/cost/copay_rates.asp.

Cost-Free Care for Certain Veterans

Many Veterans qualify for cost-free health care and/or medications based on:

- Receipt of a Purple Heart, or
- Former Prisoner of War Status, or
- 50% or more Compensable VA service-connected disabilities (0-40% service-connected may take co-pay test to determine medication copay status), or
- Veterans deemed catastrophically disabled by a VA provider, or
- Veterans with income below the income limit, or
- Other qualifying factors, including treatment related to their military service experience.

Cost-Free Medical Services (*Partial list*)

- Special registry examinations offered by VA to evaluate possible health risks associated with military service
- Counseling and care for military sexual trauma
- Compensation and pension examinations requested by the Veterans Benefits Administration (VBA). This is a physical exam to determine service-related illness or injuries for determination of a Veteran's entitlement to compensation and pension benefits.
- Care that is part of a VA-approved research project
- Care related to a VA-rated service-connected disability
- Readjustment counseling and related mental health services
- Care for cancer of head or neck caused by nose or throat radium treatments received while in the military
- Catastrophic disability exam
- Individual or group smoking cessation or weight reduction services
- Publicly announced VA public health initiatives, such as health fairs
- Care potentially related to combat service for Veterans who served in a theater of combat operations after November 11, 1998. This benefit is effective for five years after the date of Veteran's most recent discharge from active duty.
- Laboratory and electrocardiograms

Struggling To Pay VA Copayments? VA Has Programs That Can Help

VA has programs that can assist enrolled Veterans who may be suffering from financial distress, struggling to pay VA copayments, who have lost a job, incurred increases in out-of-pocket Veteran or family health care expenses or currently face a significant decrease in household income. VA's Medical Care Hardship program could help Veterans qualify for VA health care enrollment for health care services if they had a recent change in their income, even if they were previously denied enrollment based on their household income. Veterans who have not applied for VA enrollment because they thought their previous year household income was too high may want to reconsider applying if their projected current year's household income is lower. If your current and projected household income puts you below VA income limits or geographic income limits for your area, you may qualify for enrollment and cost-free VA medical care.

Four possible options for Veterans unable to pay assessed copay charges	
Hardship Determination	A hardship determination provides an exemption from outpatient and inpatient copays for the remaining calendar year. If your projected household income is substantially below your prior year's income, you may request a hardship determination by contacting your local enrollment coordinator.

Four possible options for Veterans unable to pay assessed copay charges	
Waiver	A waiver or "write-off" refers to an agreement to forgive payment of an existing VA debt. If your projected household income for the current year is substantially reduced and will affect your ability to repay your debt, you can request a waiver of your copayment debt. You must request a waiver within 180 days of the date of your billing statement. For more information on billing and copay, call VA's billing and copay staff at 1-866-400-1238 Monday – Friday between 8 a.m. and 8 p.m. ET.
Offer in Compromise	A compromise is an "offer to settle" your past VA debts. VA will consider both current and future household income in making a determination. Generally, offers of compromise that are accepted must be paid in full within 30 days from the date of acceptance. To request a compromise, contact VA's billing and copay staff at 1-866-400-1238.
Repayment Plans	Another option that may be available to you is a VA repayment plan, known as "collection by installment." To request a repayment plan, call VA's billing and copay staff toll free at 1-866-400-1238 Monday – Friday between 8 a.m. and 8 p.m. ET.

Veterans with Catastrophic Disabilities

Veterans who were previously not eligible for enrollment because their income is over the income limits, and are deemed catastrophically disabled by VA, are eligible for enrollment.

To be considered catastrophically disabled, a Veteran must be determined by a VA provider to have a severely disabling injury, disorder or disease that compromises their ability to carry out the activities of daily living to such a degree that personal or mechanical assistance is required to leave home or bed, or constant supervision is required to avoid physical harm to themselves or others. Veterans may request a catastrophic disability evaluation by contacting the enrollment coordinator at their local VA health care facility. VA will make every effort to schedule an evaluation within 30 days of the request, and there is no charge for the evaluation. If found to be catastrophically disabled, the Veteran will be enrolled and receive cost-free VA medical care and medications; however, Veterans in this category may be subject to copayments for extended care (long-term care). Additionally, enrolled Veterans in a lower priority group, such as PG 7 or 8 you will be moved to PG 4.

Basic Eligibility for VA Health Care

If you served in the active military, naval or air service and are separated under any condition other than dishonorable, you may qualify for VA health care benefits. Current and former members of the Reserves or National Guard who were called to active duty (other than for training only) by a federal order and completed the full period for which they were called or ordered to active duty also may be eligible for VA health care.

Minimum Duty Requirements

Most Veterans who enlisted after September 7, 1980, or entered active duty after October 16, 1981, must have served 24 continuous months or the full period for which they were called to active duty to be eligible. This minimum duty requirement may not apply to Veterans who were discharged for a disability incurred or aggravated in the line of duty, were discharged for a hardship or received an "early out." Since there are a number of other exceptions to the minimum duty requirements, VA encourages all Veterans to apply to determine their enrollment eligibility.

Returning Service Members (OEF/OIF/OND)

Every VA medical center has a team ready to welcome OEF/OIF/OND Servicemembers, and to help coordinate their health care and other services. For more information about the various programs available for recent returning Servicemembers, log on to the Returning Servicemembers website at www.oefoif.va.gov.

Veterans who served in a theater of operations after November 11, 1998, are eligible for an extended period of eligibility for health care for five years post discharge. This special eligibility includes cost-free health care services and nursing home care for conditions possibly related to military service and enrollment in PG 6 or higher for five years from the date of discharge or release from active duty, unless eligible for enrollment in a higher priority group.

Combat Veterans who enroll with VA under this enhanced Combat Veteran authority will continue to be enrolled even after their enhanced eligibility period ends, although they may be shifted to a lower Priority Group, depending on their income level, and be required to make applicable copays. Additionally, for care not related to combat service, copays may be required, depending on their financial assessment and other special eligibility factors.

NOTE: The five-year enrollment period applicable to these Veterans begins on the discharge or separation date of the Servicemember from active duty military service, or in the case of multiple call-ups, the most recent discharge date.

Enrolled, but Later Determined Ineligible

Enrolled Veterans who are receiving health care benefits, and are later determined to not be eligible for enrollment will be notified via letter 60 days prior to disenrollment. This will give the Veteran adequate time to provide VA with the needed information to finalize the enrollment decision and, if necessary, transfer his or her medical care to the private sector or to seek other options for medical care.

The pre-termination of enrollment letter will indicate:

- The reason for the decision, lack of proof of Veteran status, eligibility, etc.
- The proposed effective date of the decision
- Appeal procedures and the right to present evidence
- Request a personal hearing and have representation

During the 60-day period, the Veteran has the right to:

- Contest or provide additional information before a final eligibility determination is made
- Remain in their current enrollment group and continue to receive health care benefits

At the end of the 60 days, and after thoroughly reviewing any new evidence or information submitted, the VA will make a final eligibility determination. If the information provided assists in determining that the Veteran is eligible for enrollment, the Veteran will receive a notification letter indicating continued eligibility status. If the Veteran is determined not eligible for enrollment, the Veteran will receive a notification letter indicating:

- Reason for disenrollment
- Date of disenrollment
- Instructions for submitting VA Form 4107VHA, "Your Right to Appeal Our Decision"

Veterans
Choice Program

The Veterans Choice Program (VCP) is a temporary program to improve Veterans' access to health care by allowing eligible Veterans to use approved health care providers outside of VA.

VA | U.S. Department of Veterans Affairs

To find out if you are eligible and to make an appointment call:

866-606-8198

For more information visit: **www.va.gov/opa/choiceact**

Coverage Under The Affordable Care Act

The Affordable Care Act (ACA), also known as the health care law, was created to expand access to coverage, control health care costs and improve health care quality and care coordination. The health care law does not change VA health benefits or Veterans' out-of-pocket costs.

Three things you should know:

1. VA wants all Veterans to receive health care that improves their health and well-being.
2. If you are enrolled in any of these VA programs, you have coverage under the standards of the health care law:
    - Veteran's health care program
    - CHAMPVA
    - Spina Bifida Health Care Benefits Program
3. If you are not enrolled in VA health care, you can apply at any time.

Your family members who are not enrolled in a VA health care program and who do not meet the health care law coverage standards should use the Marketplace to get coverage. The Marketplace is available during non-open season periods for individuals who have a qualifying life event, such as getting married or having a baby. For more information about the Marketplace, visit www.healthcare.gov or call 1-800-318-2596.

Note: U.S. taxpayers will need to declare that they have health coverage on their federal tax forms. Starting in 2016, VA will notify enrolled Veterans via mail of their period of health care coverage during the previous calendar year. This law also requires VA to provide notification to the Internal Revenue Service. For more information about ACA and VA health care, visit VA's website at www.va.gov/aca or call toll free 1-877-222-VETS (8387) Monday - Friday between 8 a.m. and 8 p.m. ET.

Tax Credit

If you are enrolled with VA for your health care, your enrollment with VA meets the standard for minimum health care coverage and you are not eligible for assistance to lower your cost of health insurance premiums if you chose to purchase additional health insurance on the Marketplace to complement your VA health care coverage. Remember, you cannot receive a tax credit for yourself when enrolling within the Marketplace if you are currently enrolled with VA for your health care.

Your VA health care enrollment satisfies the minimum essential coverage under the Affordable Care Act. This means that as an enrollee, you have coverage under the standards of the health care law.

VA and Other Health Insurance

If you have other forms of health care coverage, such as a private insurance plan, Medicare, Medicaid or TRICARE, you can continue to use VA along with these plans. Remember, it is always a good idea to inform your doctors if you are receiving care outside of VA so your health care can be coordinated.

Private Health Insurance

Veterans with private health insurance may choose to use these sources of coverage as a supplement to their VA benefits. Veterans are not responsible to pay for VA medical services billed to their health insurance company that are not paid by their insurance carrier.

By law, VA is obligated to bill health insurance carriers for services provided to treat a Veteran's nonservice-connected conditions. Veterans are asked to disclose all relevant health insurance information to ensure current insurance information is on file, including coverage through a spouse. Identification of insurance information is essential to VA because collections received from private health insurance companies help supplement the funding available to provide services to more Veterans. Enrolled Veterans can provide or update their insurance information by:

- Using the online 10-10-EZR, Health Benefits Renewal form at https://www.1010ez.med.va.gov/ or
- Calling 1-877-222-VETS (8387) Monday - Friday between 8 a.m. and 8 p.m. ET, or
- Using the self-service Kiosks available at their local VA health care facility. VA health care is NOT considered a health insurance plan.

CAUTION!

Before canceling health insurance coverage, enrolled Veterans should carefully consider the risks:

- There is no guarantee that, in future years, Congress will appropriate sufficient funds for VA to provide care for all enrollment priority groups.
- Non-Veteran spouses and other family members generally do not qualify for VA health care.
- If participation in Medicare Part B is cancelled, it cannot be reinstated until January of the next year, and there may be a penalty for the reinstatement.
- Private insurance provides additional coverage for Veterans who receive care from VA and non-VA providers.

Financial Hardship

Loss of Job or Reduced Income?

VA's Medical Care Hardship program may help you qualify for VA Health Care enrollment

If your income has recently changed, you may qualify for enrollment even if it was denied previously based on your household income. Or, perhaps you have put off applying for enrollment because you think your income is too high. Now may be the time to provide updated financial information or apply for enrollment.

Personal circumstances, such as loss of employment, sudden decrease in income or increases of out-of-pocket family health care expenses, factor into VA's hardship determination.

If your current and projected household income puts you below the VA income limits or geographic income limits for your area, you may qualify for enrollment and cost-free VA medical care.

For more information regarding qualifications for this program, contact your local VA Medical Center Enrollment Coordinator or call VA Health Benefits toll-free at

1-877-222 VETS (8387)

For more information, call toll-free 1-877-222 VETS (8387) or visit our website at www.va.gov/healthbenefits/

VA

U.S. Department of Veterans Affairs
Veterans Health Administration
Chief Business Office
Health Eligibility Center

Medicare Coverage

Creditable Coverage

If you are eligible for Medicare Part D prescription drug coverage, enrollment in the VA health care system is considered creditable coverage for Medicare Part D purposes. This means VA prescription drug coverage is at least as good as the Medicare Part D coverage. Since only Veterans can enroll in the VA health care system, dependents and family members do not receive credible coverage under the Veteran's enrollment.

However, under **Medicare Part B**, VA health care is NOT creditable coverage Creditable coverage under Medicare Part B can only be provided through an **employer.** Although a Veteran may avoid the late enrollment penalty for Medicare Part D by citing VA health care enrollment, that enrollment would not help the Veteran avoid the late enrollment penalty for Part B.

VA does not recommend Veterans cancel or decline coverage in Medicare (or other health care or insurance programs) solely because they are enrolled in VA health care. Unlike Medicare, which offers the same benefits for all enrollees, VA assigns enrollees to enrollment priority groups based on a variety of eligibility factors, such as service-connection and income. There is no guarantee that in future years Congress will appropriate sufficient medical care funds for VA to provide care for all enrollment priority groups. This could leave Veterans, especially those enrolled in one of the lower-priority groups, with no access to VA health care coverage. For this reason, having a secondary source of coverage may be in the Veteran's best interest.

Enrolling in both VA and Medicare can provide Veterans flexibility. For example, Veterans enrolled in both programs would have access to non-VA physicians (under Medicare Part A or Part B) and can obtain prescription drugs not on the VA formulary if prescribed by non-VA physicians and filled at their local retail pharmacies (under Medicare Part D).

For more information on Medicare coverage, visit the Health and Human Services Medicare website at www.medicare.gov.

Medical Benefits Package

Your comprehensive VA Health Benefits package includes all the necessary inpatient hospital care and outpatient services to promote, preserve or restore your health. VA medical facilities provide a wide range of services, including traditional hospital-based services, such as surgery, critical care, mental health, orthopedics, pharmacy, radiology and physical therapy.

In addition, most of our medical facilities offer additional medical and surgical specialty services including audiology & speech pathology, dermatology, dental, geriatrics, neurology, oncology, podiatry, prosthetics, urology, and vision care. Some medical centers also offer advanced services such as organ transplants and plastic surgery.

Preventive Care Services

- Immunizations
- Physical Examinations (including eye and hearing examinations)
- Health Care Assessments
- Screening Tests
- Health Education Programs

Ambulatory (Outpatient) Diagnostic and Treatment Services

- Primary and Specialty Care
- Surgical (including reconstructive/plastic surgery as a result of disease or trauma)
- Mental Health
- Substance Abuse

Hospital (Inpatient) Diagnostic and Treatment Services

- Medical
- Surgical (including reconstructive/plastic surgery as a result of disease or trauma)
- Mental Health
- Substance Abuse
- Prescription Drugs (***when prescribed by a VA physician***)

Meeting Women Veterans' Unique Needs

Our staff delivers the highest quality health care in a setting that ensures privacy, dignity, and sensitivity. Your local VA facility offers a variety of services, including:

- Women's gender-specific health
- Screening and disease prevention
- Routine gynecologic services

Female Veterans are potentially eligible to receive care provided in the community when authorized by VA; however, the decision to use such care is left to the facility providing your care. By law, purchased-care can only be provided when your treating facility cannot provide you the care you require or because of geographical inaccessibility.

Contact your local VA facility's Women Veterans Program Manager for more information on available services, or call **1-855-VA-WOMEN (1-855-829-6636)**.

Available Long-Term Care Services

The following is a list of standard benefits. For more information on Extended Care Services and Geriatrics, visit www.va.gov/healthbenefits/access/geriatrics.asp.

VA Community Living Centers (VA Nursing Home) Programs

While some Veterans qualify for indefinite Community Living Center (formerly known as nursing home care) services, other Veterans may qualify for a limited period of time.

Domiciliary Care

Domiciliary care provides rehabilitative and long-term, health maintenance care for Veterans who require some medical care, but who do not require all the services provided in nursing homes. Domiciliary care emphasizes rehabilitation and return to the community.

Medical Foster Home

Medical Foster Homes are private homes in which a trained caregiver provides services to a few individuals. Some, but not all, residents are Veterans. VA inspects and approves all Medical Foster Homes. Contact your VA social worker or case manager for more information on Medical Foster Home care.

State Veterans Homes

State Veterans Homes are facilities that provide nursing home, domiciliary or adult day care. Each state establishes eligibility and admission criteria for its homes. For more information about your State Veterans Home, contact the Veterans home directly or Social Work Service at your local VA facility.

Additional Services

Geriatric Evaluation

Geriatric evaluation is the comprehensive assessment of a Veteran's ability to care for him/herself, his/her physical health and social environment, which leads to a plan of care. The plan could include treatment, rehabilitation, health promotion and social services. These evaluations are performed by inpatient Geriatric Evaluation and Management (GEM) units, GEM clinics, geriatric primary care clinics and other outpatient settings.

Geriatrics and Extended Care

Geriatrics and Extended Care provides services for Veterans who are elderly and have complex needs, and Veterans of any age who need daily support and assistance. Veterans can receive care at home, at VA medical centers or in the community.

Adult Day Health Care

Adult Day Health Care is a program Veterans can go to during the day for social activities, peer support, companionship and recreation. The program is for Veterans who need skilled services, case management and help with activities of daily living (such as bathing, getting dressed and preparing meals). Adult Day Health Care can provide respite care for a family caregiver and also can help Veterans and their caregivers gain skills to manage the Veterans' care at home.

Respite Care

Respite Care is a service that pays for a person to come to a Veteran's home or for the Veteran to be cared for in a care facility while his or her family caregiver takes a break. Respite Care services may be available up to 30 days each calendar year.

Home Health Care

Home Health Care includes VA's Skilled Home Health Care Services (SHHC), Homemaker and Home Health Aide Services (H/HHA) and Family Caregivers Program. For more information on these programs, visit www.va.gov/healthbenefits/access/home_health_care.asp.

SHHC is a short-term health care service that can be provided to Veterans if they are homebound or live far away from VA. The care is delivered by a community-based home health agency that has a contract with VA.

The services of an H/HHA can help Veterans remain living in their own home and can serve Veterans of any age.

VA's Family Caregivers Program provides support and assistance to caregivers of Post-9/11 Veterans and Servicemembers who are being medically discharged. Eligible primary family caregivers can receive a stipend, training, mental health services, travel and lodging reimbursement and access to health insurance if they are not already under a health care plan. For more information, contact your local VA medical facility and speak with a caregiver support coordinator, visit www.caregiver.va.gov or call toll-free at 1-877-222-VETS (8387) Monday - Friday between 8 a.m. and 8 p.m. ET.

Home Telehealth

VA's Home Telehealth, also known as Care Coordination/Home Telehealth, is a service that allows the Veteran's physician or nurse to monitor the Veteran's medical condition remotely using monitoring equipment. Veterans can be referred to a care coordinator for Home Telehealth services by any member of their care team.

The Home Telehealth program aims to make the patient's home the preferred place to receive care, whenever possible.

Hospice/Palliative Care

Hospice/palliative care is comfort-based care for Veterans who have a terminal condition with six months or less to live. Hospice care provides treatment that relieves suffering and helps to control symptoms in a way that respects your personal, cultural and religious beliefs and practices. Hospice also provides grief counseling to your family.

There are no copayments for hospice care provided in any setting.

Some Veterans receive Free Long-Term Care Services

Veterans who are not automatically exempt from making copayments for long-term care services (see "Copayments" on page 9) must complete VA Form 10-10EC Application for Extended Care Services to determine whether they qualify for cost-free services or to what extent they are required to make long-term care copayments. Unlike copayments for other VA health care services, which are based on fixed charges, long-term care copay charges are adjusted based on each Veteran's financial status.

Benefits with Special Eligibility Criteria

While all enrolled Veterans enjoy access to VA's comprehensive medical benefits package, certain benefits may vary depending on each Veteran's unique eligibility status. The following care services (partial listing) have limitations and may have special eligibility criteria:

- Ambulance Services
- Dental Care
- Non-VA Health Care Services

Hearing Aids and Eyeglasses

Hearing aids, contact lenses and eyeglasses may be provided to the following enrolled Veterans as authorized in 38 CFR , provided they receive VA care or services:

- Veterans with any compensable, service-connected disability
- Former Prisoners of War (POWs)
- Veterans awarded a Purple Heart
- Veterans in receipt of benefits under 38 USC 1151 (such as benefits for persons disabled by treatment or vocational rehabilitation)
- Veterans in receipt of increased pension based on the need for aid and attendance benefits or by reason of being permanently housebound
- Veterans who have a visual or hearing impairment resulting from the existence of another medical condition for which the Veteran is receiving VA care or which resulted from treatment of that medical condition
- Veterans with significant functional or cognitive impairment evidenced by deficiencies in activities of daily living (not including normally occurring visual or hearing impairments)
- Veterans with severe visual or hearing impairment and for whom hearing aids and/or eyeglasses are necessary to ensure their Veteran active participation in their own medical treatment
- Veterans with a 0% service-connected hearing disability

Additional VA Health Benefits Programs

Dependents and Survivors

CHAMPVA

CHAMPVA is a health care benefits program for:

- Dependents of Veterans who have been rated by VA as having a service-connected total and permanent disability, or
- Survivors of Veterans who died from VA-rated service-connected condition(s) or who, at the time of death, were rated permanently and totally disabled from a VA-rated service-connected condition(s), or
- Survivors of persons who died in the line of duty, not due to misconduct, and
    - who are not otherwise entitled to benefits under DoD's TRICARE program

Address	Telephone	Email
CHAMPVA PO Box 469063 Denver, CO 80246-9063	800-733-8387	https://iris.custhelp.com/

CHAMPVA online
www.va.gov/purchasedcare/programs/dependents/champva/index.asp

Children of Women Vietnam Veterans Health Care Benefits

Children of Women Vietnam is a program designed for women Vietnam Veterans' birth children who are determined by the Veteran Benefits Administration to have one or more covered birth defects.

Address	Telephone	Have Questions?
Children of Women Vietnam Veterans PO Box 469065 Denver, CO 80246-9065	888-820-1756	https://iris.custhelp.com/

CWVV online
www.va.gov/PURCHASEDCARE/programs/dependents/cwvv/index.asp

Spina Bifida Health Care Benefits

Spina Bifida Health Care Benefits is a program designed for Vietnam and certain Korea Veterans' birth children who are diagnosed with spina bifida (excluding spina bifida occulta) and who are in receipt of a Veteran Benefits Administration award for spina bifida benefits.

Address	Telephone	Have Questions?
Spina Bifida Health Care PO Box 469065 Denver, CO 80246-9065	888-820-1756	https://iris.custhelp.com/ or spina.inq@med.va.gov

Spina Bifida online
www.va.gov/PURCHASEDCARE/programs/dependents/spinabifida/index.asp

Emergency Care

An emergency is a condition that a prudent layperson, 'who possesses an average knowledge of health and medicine' expects, a delay in seeking immediate medical attention would be hazardous to life or health.

You may receive emergency care at a non-VA health care facility, possibly at VA expense, when a VA facility (or other Federal health care facility with which VA has an agreement) cannot furnish efficient care due to your distance from the facility, or when VA is unable to furnish the needed emergency services.

VA Payment for Emergency Care of your Service-connected Conditions without Prior Authorization

Since payment may be limited to the point when your condition is stable enough for you to travel to a VA facility, you, a family member or friend need to contact the closest VA medical facility as soon as possible. The emergency is deemed to have ended when a VA provider has determined that, based on sound medical judgment, you could be transferred from the non-VA facility to a VA medical center.

VA may pay for your non-VA emergency care.

If you are:	Then:
Service-connected	VA may pay for your: • non-VA emergency care for a rated service-connected disability, or • nonservice-connected condition associated with and held to be aggravating your service-connected condition. • treatment to make possible your entrance into a training course or to • prevent interruption of a training course, if you are an active participant in the 38 U.S.C. Chapter 31 Vocational Rehabilitation and Employment Program or • care if you are rated as having a total disability permanent in nature resulting from your service-connected disability, or • There may be other approved reasons

VA Payment for Emergency Care of your NonService-connected Conditions without Prior Authorization

VA may pay for emergency care provided in a non-VA facility for treatment of a Non service-connected condition only if all of the following conditions are met:

Your VA & DoD Benefits. Online.

Register Now

www.ebenefits.va.gov

"I just checked my Post-9/11 GI Bill enrollment. Online."

Your time is valuable. When you need fast, easy access to manage your VA & DoD benefits, claims and military documents, go online and register for a Premium eBenefits Account at **www.ebenefits.va.gov**.

eBenefits
www.ebenefits.va.gov

If you are:	Then:
Service-connected, not permanently and totally disabled or nonservice connected	• The episode of care cannot be paid under another VA authority, and • Based on an average knowledge of health and medicine (prudent layperson standard), it could be reasonably expected that a delay in seeking immediate medical attention would have been hazardous to your life or health, and • A VA or other Federal facility/ provider was not feasibly available, and • You received VA medical care within a 24-month period preceding the non-VA emergency care, and • You are financially liable to the health care provider for the emergency care, and • The services were furnished by an emergency department or similar facility that provides emergency care to the general public, and • You have no other coverage under a health plan (including Medicare, Medicaid and Worker's Compensation), and • You have no contractual or legal recourse against a third party that would, in whole, extinguish your liability

VA Dental Insurance Program (VADIP)

VA would like all Veterans to have access to good oral health care; however, VA is limited to providing dental benefits to those Veterans who meet certain eligibility criteria.

VA offers enrolled Veterans and beneficiaries of CHAMPVA the opportunity to purchase dental insurance at a reduced cost. VA is making this special benefit available through Delta Dental and MetLife via a pilot program. Multiple options allow participants to select a plan that provides benefits and premiums that meet their dental needs and budget. Each enrollee will pay a fixed monthly premium for coverage, in addition to any copayments required by his or her plan.

There are no eligibility limitations based on service-connected disability rating or enrollment priority assignment. People interested in participating in this program can complete an application online through the websites of either Delta Dental, www.deltadentalvadip.org, or MetLife, www.metlife.com/VADIP. Coverage is available throughout the United States and its territories.

For more information about this program, call toll free 1-877-222-VETS (8387) Monday - Friday between 8 a.m. and 8 p.m. ET or visit www.va.gov/healthbenefits/vadip and click the insurers' link for specific information regarding registration, premiums and services.

Mental Health Services

Military Sexual Trauma

Military Sexual Trauma (MST) is the term VA uses to refer to sexual assault or repeated, threatening sexual harassment occurring during a Veteran's military service. VA has expanded eligibility for Veterans in need of mental health care due to sexual assault or sexual harassment to Reservists and National Guard members participating in weekend drill. Veterans can learn more about VA's MST-related services online at www.mentalhealth.va.gov/msthome.asp.

In-/outpatient and Residential Services Available

VA provides free outpatient, inpatient and residential services to help Veterans recover from MST. MST services are available to both male and female Veterans without a limit to the duration of care. MST-related outpatient services are available at every VA health care facility. VA also has programs that offer specialized MST treatment in a residential or inpatient setting. These programs are for those who need more intense treatment and support.

Receive Free MST-Related Care

To receive free treatment related to MST, Veterans do not need a VA service-connected disability. Veterans do not need to have reported the incident when it happened or have other documentation that it occurred. There are no length-of-service requirements to receive care, and some Veterans may be able to receive free MST-related care even if they are not eligible for other VA care.

For more information, contact the MST coordinator at your nearest VA Medical Center or visit www.mentalhealth.va.gov/msthome.asp. A list of VA and Vet Center facilities can be found online at www.va.gov/directory/.

Readjustment Counseling Services

VA provides free readjustment counseling and outreach services to Veterans who served in a theater of operations (combat zone), through community-based counseling centers, called Vet Centers. Services also are available for their family members regarding military-related issues. Vet Center staffs are available during normal business hours at toll-free 1-800-905-4675 ET and 1-866-496-8838 PT. For more information, visit www.vetcenter.va.gov.

Veterans Crisis Line

The Veterans Crisis Line is a toll-free, confidential resource that connects Veterans in crisis and their families and friends with qualified, caring VA responders.

Veterans and their loved ones can **call 1-800-273-8255 and Press 1, chat online at** www.veteranscrisisline.net, or **send a text message to 838255** to receive confidential support 24 hours a day, 7 days a week, 365 days a year, ***even if they are not registered with VA or enrolled in VA health care***.

The professionals at the Veterans Crisis Line are specially trained and experienced in helping Veterans of all ages and circumstances — from Veterans coping with mental health issues that were never addressed to recent Veterans struggling with relationships or the transition back to civilian life.

Homeless Veterans

VA has founded a National Call Center for Homeless Veterans to ensure homeless Veterans and Veterans at risk for homelessness have free, 24/7 access to trained counselors. The hotline is intended to assist homeless Veterans and their families, VA medical facilities, federal, state and local partners, community agencies, service providers and others in the community. To be connected with the Homeless Call Center, call toll free 1-877-4AID VET (877-424-3838).

Learn about VA homeless programs and mental health services in your area that can help you. For more information, visit www.va.gov/homeless.

Increasing Minority Veterans Participation

The goal of this program is to increase local awareness of minority Veteran-related issues and encourage eligible Veterans to participate in existing VA benefit programs and services. Minority Veteran Program Coordinators (MVPC) at each health care facility:

- Promote the use of VA benefits, programs, and services by minority Veterans.
- Support and initiate activities that educate and sensitize internal staff to the unique needs of minority Veterans.
- Target outreach efforts to minority Veterans through community networks.
- Advocate on behalf of minority Veterans by identifying gaps in services and make recommendations to improve service delivery within their facilities.

For more information and to locate the program coordinator in your area visit www.va.gov/centerforminorityveterans/Minority_Veterans_Programs_Coordinators_MVPC.asp.

Caregivers Program

The caregivers benefit program provides certain medical, travel, training and financial benefits to caregivers of certain Veterans and Servicemembers who were seriously injured during their military service on or after September 11, 2001. Eligible primary family caregivers can receive a stipend, training, mental health services, travel and lodging reimbursement and access to health insurance, if they are not already under a health care plan.

For more information, contact your local VA medical facility and speak with a caregiver support coordinator, visit www.caregiver.va.gov or call toll-free at 1-855-260-3274.

Camp Lejeune Water Contamination Benefits

Benefits have been extended from August 1953 to December 1987.

From the 1950s through the 1980s, people living or working at the U.S. Marine Corps Base Camp Lejeune, N.C., may have been exposed to drinking water contaminated with industrial solvents, benzene and other chemicals.

Veterans who served on active duty at Camp Lejeune for at least 30 days between August 1, 1953, and December 31, 1987, may be eligible for cost-free medical care through VA for the following health conditions:

- Bladder cancer
- Breast cancer
- Esophageal cancer
- Female infertility
- Hepatic steatosis
- Kidney cancer
- Leukemia
- Lung cancer
- Miscarriage
- Multiple myeloma
- Myelodysplastic syndromes
- Neurobehavioral effects
- Non-Hodgkin's lymphoma
- Renal toxicity
- Scleroderma

Veterans must still meet the criteria of a Veteran – minimum service time, character of discharge, serving in the active duty military, naval or sea service.

Camp Lejeune Veterans:

- Do not need to have one of the 15 health conditions to be eligible to receive VA healthcare, nor do they need a service-connected disability to be eligible as a Camp Lejeune Veteran
- Already enrolled in VA health care should contact their local VA health care facility to receive care under the new law.
- Who would otherwise not be eligible due to income limits, are now eligible just from being at Camp Lejeune during that period of time.
- Are eligible now, and should call 1-877-222-Vets (8387) for assistance.
- Will eventually be a Priority Group 6 (unless eligible for a higher PG), but will still be in the system as a PG7 or PG8 until system changes are implemented.
- Do not pay copayments or third party billing for any of the 15 Camp Lejeune illnesses.

As an enrolled Veteran, they may receive any care provided in the medical benefits package, but may pay a copayment or have third party billing for care not related to the 15 Camp Lejeune covered illnesses.

Left to Right: Norman Crafts, U.S. Navy 1948 - 1952, Margo Brucker, U.S Navy 1986 - 1994, Michael Wholey, U.S. Coast Guard/ Navy 1964 - 1982

Family members:

The Camp Lejeune Family Member Program is designed for the family members who were stationed at Camp Lejeune between August 1, 1953, and December 31, 1987, who are determined by the Veterans Health Administration to have one or more of 15 specific illness related to contaminated drinking water.

VA will not be providing care in VA facilities for the family members, but will be the last payer of claims for care related to the 15 illnesses in the law. VA will reimburse family members for care for the 15 illnesses back to March 26, 2013.

Family members must complete an application for the program at clfamilymembers.fsc.va.gov, and submit receipts for reimbursement. They are encouraged to keep receipts for out-of-pocket medical expenses of the 15 Camp Lejeune covered illnesses to submit with their claims.

For more information on eligibility, family members may contact the Department of Veterans Affairs, Financial Service Center, P.O. Box 149200, Austin, TX 78714-9200, call the toll-free CLFMP customer service line at 1-866-372-1144 or visit the CLFMP website at https://www.clfamilymembers.fsc.va.gov/.

For more information about Camp Lejeune historical water contamination and to sign up for updates, visit the Military Exposure section on the VHA Office of Public Health website at www.publichealth.va.gov/exposures.

The U.S. Marine Corps encourages all those who lived or worked at Camp Lejeune before 1987 to register to receive notifications regarding Camp Lejeune Historic Drinking Water at https://clnr.hqi.usmc.mil/clwater/.

Our Mission

To fulfill President Lincoln's promise "To care for him who shall have borne the battle, and for his widow, and his orphan" by serving and honoring the men and women who are America's Veterans.

Core Values

VA's five core values underscore the obligations inherent in VA's mission: Integrity, Commitment, Advocacy, Respect, and Excellence. The core values define "who we are," our culture, and how we care for Veterans and eligible beneficiaries. Our values are more than just words – they affect outcomes in our daily interactions with Veterans and eligible beneficiaries and with each other. Taking the first letter of each word — Integrity, Commitment, Advocacy, Respect, Excellence — creates a powerful acronym, "I CARE," that reminds each VA employee of the importance of their role in this Department. These core values come together as five promises we make as individuals and as an organization to those we serve.

Integrity: Act with high moral principle. Adhere to the highest professional standards. Maintain the trust and confidence of all with whom I engage.

Commitment: Work diligently to serve Veterans and other beneficiaries. Be driven by an earnest belief in VA's mission. Fulfill my individual responsibilities and organizational responsibilities.

Advocacy: Be truly Veteran-centric by identifying, fully considering, and appropriately advancing the interests of Veterans and other beneficiaries.

Respect: Treat all those I serve and with whom I work with dignity and respect. Show respect to earn it.

Excellence: Strive for the highest quality and continuous improvement. Be thoughtful and decisive in leadership, accountable for my actions, willing to admit mistakes, and rigorous in correcting them.

Medically Related Travel Benefits

The Beneficiary Travel (BT) program reimburses eligible Veterans for costs incurred while traveling to and from VA health care facilities. The BT program may also provide pre-approved transportation solutions and arrange special mode transportation (SMT) at the request of VA. Veterans may be eligible for common carrier transportation (such as bus, taxi, airline or train) under certain conditions.

Veterans may qualify for mileage reimbursement or special mode transportation in relation to travel for VA health care if they:

- Have a service-connected disability rating of 30% or more; or
- Are traveling for treatment of a service-connected condition; or
- Receive a VA pension; or
- Are traveling for a scheduled compensation or pension examination; or
- Have income below the maximum annual VA pension rate

Special mode travel (such as a wheelchair van or ambulance) is provided to eligible Veterans based on a clinical determination of need (authorization is not required for emergencies if a delay would endanger their life or health).

Mileage reimbursement of 41.5 cents per mile may be claimed to offset the expense of travel when the Veteran drove to a qualified appointment. Reimbursement for the actual cost of common carrier travel (bus, train, taxi, etc.) is available in some circumstances.

No More Standing In Line

VA has implemented online form VA Form 10-3542 (Veteran/Beneficiary Claim for Reimbursement of Travel Expenses) as a simple way to apply for mileage reimbursement without standing in line. Contact your local VAMC Beneficiary Travel office for details.

Travel benefits are subject to a deductible. Exceptions to the deductible requirement include:

- Travel for a compensation and pension examination
- Travel by an ambulance or a specially equipped van
- When annual income does not exceed certain limits. For more information on travel benefits, visit www.va.gov/healthbenefits/vtp/beneficiary_travel.asp.

Free Transportation to VA Appointments

VA recognizes Veterans who are visually impaired, elderly or immobilized due to disease or disability, and particularly those living in remote and rural areas who face challenges traveling to and from their VA health care facilities and authorized, VA Community Care appointments to receive the care they have earned.

To provide these Veterans with the most convenient and timely access to transportation services, VA is establishing a network of community transportation service providers that could include Veteran Service Organizations (VSOs); community and commercial transportation providers; federal, state and local government transportation services and non-profit organizations such as United We Ride.

Veterans who are eligible for VA health care benefits and have a VA-authorized appointment are eligible for transportation through the Veteran Transportation Service program based on the availability capabilities of transportation resources and local facility ridership guidelines. Veterans needing transportation for care can contact the Patient Travel Office at their local VAMC for more information.

Health Benefits for Service-Connected Conditions are Never Out of Reach

VA's Foreign Medical Program (FMP) provides health care payment/reimbursement for U.S. Veterans with VA-rated service-connected conditions who live or travel abroad.

All countries (excluding the Philippines)		
Address	**Telephone**	**Fax**
Foreign Medical Program PO Box 469061 Denver, CO 80246-9061	303-331-7590	303-331-7803

To contact FMP online	Web site
https://iris.custhelp.com/	www.va.gov/PURCHASEDCARE/programs/veterans/fmp

Medical Services in the Philippines		
Address	**Phone**	**Fax**
VA Outpatient Clinic – Manila Department of Veterans Affairs PSC 501 DPO, AP 96515	1-800-1888-8782 or 011-632-318-VETS (8387)	011-632-310-5957

Notice of Privacy Practices

Veterans who are enrolled for VA health care benefits have various privacy rights under federal law and regulations, including the right to a Notice of Privacy Practices. To review the VA Notice of Privacy Practices, visit www.oprm.va.gov/privacy/resources_privacy.aspx or write to the VHA Privacy Office (19F2), 810 Vermont Avenue NW, Washington, DC 20420.

Services and Tools Available Online

VA's Health Benefits website

VA's health benefits website, located at www.va.gov/healthbenefits, contains a wide range of information related to the medical benefits, information and resources available to its enrollees, such as:

- Online application for enrollment
- Newly-released information regarding updates or changes to VA health care benefits and services
- Medical benefits based on eligibility and priority group
- Eligibility and benefits determination calculator
- Copay information
- Contact Information
- Online chat features
- Access to downloadable resources (fact sheets, brochures, etc.)
- Resource library
- Links to other sites of interest, such as MyHealth*e*Vet, eBenefits, Pay.gov and the Affordable Care Act

Office of Public Health

The VA Office of Public Health brings a public health approach to promoting and protecting the health of Veterans and VA staff. Visit www.publichealth.va.gov to learn about important health-related subjects, including:

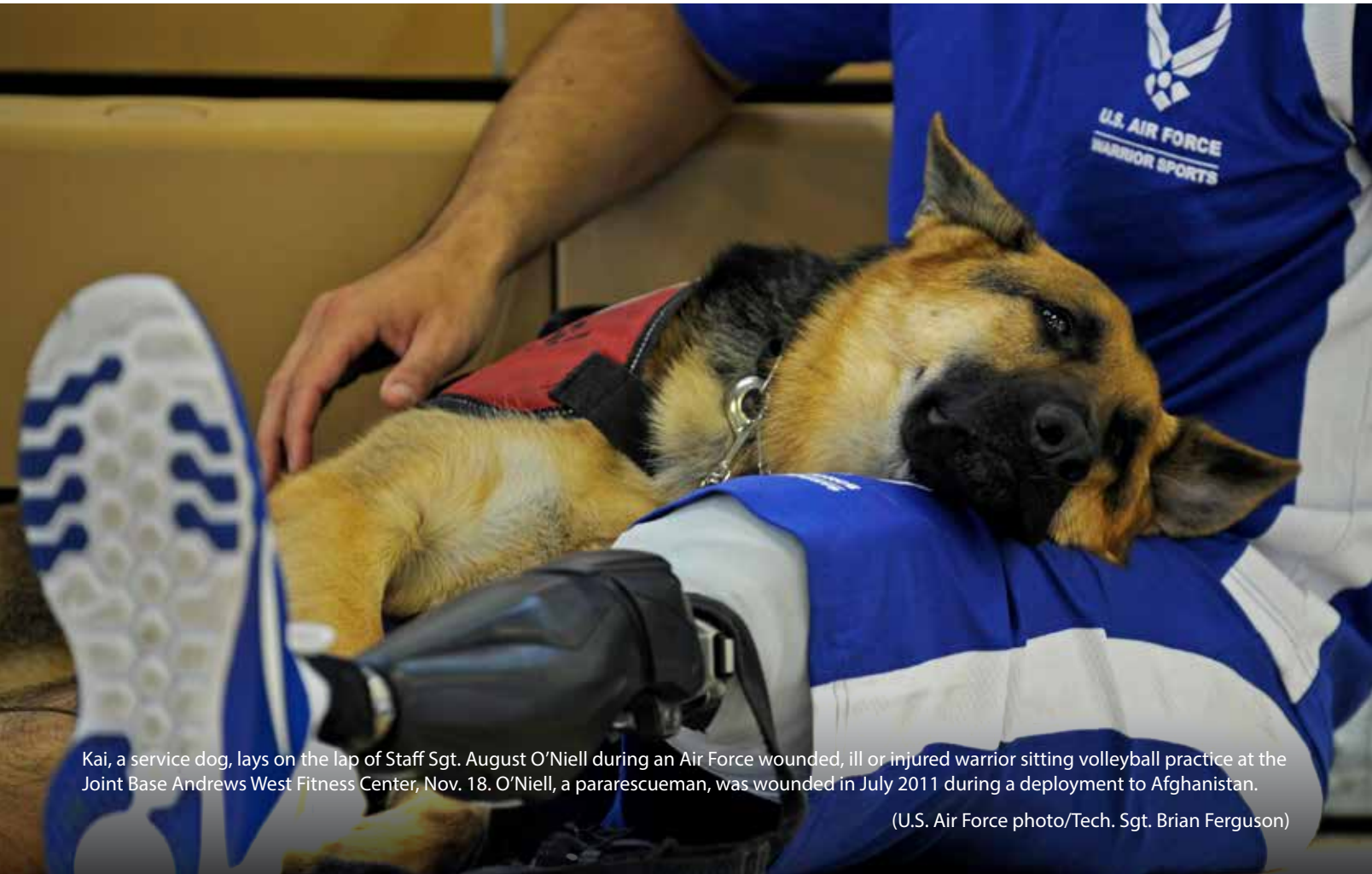
- **Health & Wellness:** topics that cover staying healthy with vaccinations and infection- control habits, employee wellness programs, and violence prevention
- **Diseases & Conditions:** find out more about certain medical conditions that may affect Veterans
- **VA conducted health related studies and data:** the Office of Public Health and research organizations conduct studies on the health issues affecting Veterans to better serve their needs
- **Military Exposures:** learn about exposure-related health concerns

Self-Service Kiosks

VA offers touch-screen devices at VAMCs and CBOCs for Veterans to have convenient control and access to their health information. Activities include:

- Check in for current appointments and view future appointments
- Manage, review and update personal and insurance information
- Apply for beneficiary travel mileage reimbursement
- Request medical records
- Manage account balance
- Review and reconcile medication and allergy information

More capabilities will be available soon. Visit www.va.gov/healthbenefits/vps to learn more.



Kai, a service dog, lays on the lap of Staff Sgt. August O'Niell during an Air Force wounded, ill or injured warrior sitting volleyball practice at the Joint Base Andrews West Fitness Center, Nov. 18. O'Niell, a pararescueman, was wounded in July 2011 during a deployment to Afghanistan.

(U.S. Air Force photo/Tech. Sgt. Brian Ferguson)

Your Personal VA Health Information At Your Finger Tips

MyHealth*e*Vet

VA emphasizes patient-centered innovations including MyHealth*e*Vet (www.myhealth.va.gov), an e-portal suite of tools for Veterans and caregivers that provides:

- a secure web-based Personal Health Record (PHR)patient access to personal health information from the VA Electronic Health Record
- the ability to download and share personal health information using the VA Blue Button
- online services, such as e-prescription refills, trusted health education resources
- secure messaging between patients and their VA health care teams

If you are a VA patient and have an upgraded account (obtained by completing the one-time authentication process), you can:

- participate in secure messaging with your participating VA health care team members
- request prescription refills
- view key portions of your DoD military service information
- get or view your VA:
  - wellness reminders
  - appointments and lab results
  - allergies and adverse reactions
  - key portions of your electronic record
  - Continuity of Care Documents (CCD)
- Participate in future features as they become available

Visit MyHealth*e*Vet at www.myhealth.va.gov, register and learn more about authentication PLUS the many features and tools available to you 24/7 anywhere you have Internet access. For more information about MyHealtheVet, contact the MyHealtheVet coordinator at your local VA facility.

Special Care Access Network – Extension for Community Healthcare Outcomes (SCAN-ECHO)

Through VA's SCAN-ECHO initiative, Veterans and their primary care team use videoconferencing technology to seek expertise from specialists located 100-500 miles away. VA offers SCAN ECHO to more than 40 rural sites of care with more than 100 participating rural primary care physicians, nurse practitioners and physician assistants.

Mobile Apps

VA is leveraging mobile health technology to provide Veterans with additional opportunities to become active partners in their health care. VA Mobile releases new apps for Veterans regularly. Check https://mobile.va.gov/ often for new information about available apps.

Our Mission

Our Servicemembers and Veterans have sacrificed to keep our country - and everything it represents - safe. We honor and serve those men and women by fulfilling President Lincoln's promise *"to care for him who shall have borne the battle, and for his widow, and his orphan."*

We strive to provide Servicemembers and Veterans with the world-class benefits and services they have earned, and will adhere to the highest standards of compassion, commitment, excellence, professionalism, integrity, accountability, and stewardship.

Thank you for your service.
Now let us serve you.

VA | U.S. Department of Veterans Affairs
Veterans Health Administration

VA HEALTH CARE | Defining EXCELLENCE in the 21st Century

eBenefits

eBenefits is a one-stop shop for benefits-related information for Veterans, Wounded Warriors, Servicemembers, their families and their caretakers. eBenefits allows Veterans to apply for VA benefits, such as health care, education and pension. Other services include:

Apply –

- Disability compensation
- Add or remove dependent
- Vocational Rehabilitation and Employment Program

Manage Benefits –

- Compensation claims status
- Direct deposit
- VA letters and Certificate of Eligibility for Home Loan

Manage Health –

- VA medical records and prescription refills
- VA appointment scheduling
- Order hearing aid batteries and prosthetic socks

For more information, visit: www.ebenefits.va.gov.

Veterans Canteen Service

Veterans Canteen Service (VCS) offers you the opportunity to shop and dine at any of its store/café operations located in VA hospitals, in many CBOCs across the country and in some Veterans Benefits Offices. The VCS Patriot Store Direct 1-800 Special Order Program offers savings on top name brand retail items, such as computers, tires, tools, large appliances, flowers, jewelry, toys and much more. Browse vendors and monthly features at www.vacanteen.va.gov/PatriotStoreHome.php or call 1-800-664-8258 Monday – Friday between 8 a.m. and 6 p.m. ET to place an order.

For more information, visit www.vacanteen.va.gov.

Frequently Asked Questions

Where can I find more information?

Call VA Health Benefits toll-free help line at 1-877-222-VETS (8387) Monday through Friday between 8 a.m. and 8 p.m. ET. Information is also available at www.va.gov/healthbenefits.

How can I verify my enrollment?

Once your enrollment is confirmed, you will receive a Veterans Health Benefits Handbook from us notifying you of the status of your enrollment. You may also call us toll free to verify your enrollment at 1-877-222-VETS (8387) Monday – Friday between 8 a.m. and 8 p.m. ET.

If enrolled, must I use VA as my exclusive health care provider?

There is no requirement that VA become your exclusive provider of care. If you are a Veteran who is receiving care from both VA and a local provider, it is important for your health and safety that your care is coordinated, resulting in one treatment plan (co-managed care).

I am moving to another state. How do I transfer my care to a new VA health care facility?

If you want to transfer your care from one VA health care facility to another, contact your PACT. Your PACT will work with the Traveling Veteran Coordinator for assistance in transferring your care and establishing an appointment at the new facility.

How do I choose a preferred facility? How do I change my preferred facility?

When you apply for enrollment, you will be asked to choose a preferred VA facility. This will be the VA facility where you will receive your primary care. You may select any VA facility that is convenient for you.

If the facility you choose cannot provide the health care that you need, VA will make other arrangements for your care, based on administrative eligibility and medical necessity. If you do not choose a preferred facility, VA will choose the facility that is closest to your home. You may change your preferred facility at anytime.

Can I cancel my VA health care coverage?

You may request to dis-enroll from VA health care, commonly referred to as cancel/decline, at any time. To request to be dis-enrolled, you must submit a signed and dated document requesting to be dis-enrolled from VA health care to a VA Medical Center or you may mail the request to:

Health Eligibility Center
Enrollment & Eligibility Division
2957 Clairmont Road, Suite 200
Atlanta, GA 30329-1647

If you decide to cancel your VA health care coverage, please note this may impact your health care coverage requirements under the Affordable Care Act if you do not have other qualifying health care.

You may reapply for enrollment at any time by completing a new VA Form 10-10EZ, Application for Health Benefits online at www.va.gov/healthbenefits/enroll, by calling toll free 1-877-222-VETS (8387) or by visiting your local VA health care facility. Please note that you will be considered a new applicant and eligibility for enrollment will be based upon eligibility requirements in place at that time.

Where can I find the new income limits?

Because VA income limits may change each year, they are not published in this booklet; however, the income limit tables can be viewed online at www.va.gov/healthbenefits/cost.

What is a geographic income limit?

Recognizing the cost of living can vary significantly from one geographic area to another, Congress added income limits based on geographic locations to the existing VA income limits for financial assessment purposes. Veterans whose income falls between the VA income limit and the geographic income limit for the Veteran's locale will have their inpatient medical care copayments reduced by 80%.

Geographic income limits can be found at http://nationalincomelimits.vaftl.us.

What happens if, at the end of the process, my income is verified to be higher than the income limits?

Your copay status will be changed from copay exempt to copay required, which may result in disenrollment due to enrollment restrictions for Veterans whose income exceeds the income limits. VA facilities involved in your care will be notified of your change in status and to initiate billing for services provided during that income year. Your enrollment priority status may be changed if your financial status is adjusted by the income verification (IV) process. If your enrollment status is changed, you will be notified by mail.

Does VA have access to my income tax return?

No, VA does not have access to your tax return. The IRS and the SSA share earned and unearned income data reported by employers and financial institutions.

I am a recently discharged combat Veteran. Must I pay VA copayments?

Veterans who qualify under this special eligibility are not subject to copays for conditions potentially related to their combat service; however, unless otherwise excused, combat Veterans may be subject to appropriate copay rates for care or services VA determines are clearly unrelated to their military service.

What is a VA service-connected rating and how do I establish one?

A service-connected rating is an official ruling by VA that your illness or condition is directly related to your active military service. To obtain more information or to apply for any of these benefits, contact your nearest VA Regional Office at 1-800-827-1000, or visit us online at www.ebenefits.va.gov or www.va.gov.

What if I receive a bill and cannot pay?

If you are unable to pay your bill, you should discuss the matter with the Patient Billing Office at the VA health care facility where you received your care. See "Struggling To Pay VA Copayments? VA Has Programs That Can Help" on page 12.

What is the Affordable Care Act?

The Affordable Care Act, also known as the health care law, was created to expand access to affordable health care coverage to all Americans, lower costs and improve quality and care coordination. For more information, see "Coverage Under The Affordable Care Act" on page 16 or visit www.va.gov/aca.

If I am enrolled in VA health care, do I meet the requirements for health care coverage?

Yes. If you are enrolled in any of VA's programs below, you have coverage under the standards of the health care law:

- Veteran's health care program
- CHAMPVA
- Spina Bifida Health Care Benefits Program

When do I begin declaring health care coverage to IRS?

U.S. taxpayers need to declare their health coverage on their federal tax forms. IRS does not require any specific forms to report health coverage in 2015.

Smile!

VA has you covered with the VA Dental Insurance Program (VADIP)

The VA Dental Insurance Program (VADIP) offers dental insurance at a special low rate for Veterans.
Choose from plans offered by Delta Dental and MetLife.

Enroll now.
To learn more and sign up, contact the dental plans directly:
Delta Dental: www.deltadentalvadip.org or (855) 370-3303
MetLife: www.metlife.com/VADIP or (888) 310-1681

Participants in VADIP pay a fixed monthly premium in addition to any copayments required by the plan. Eligibility for VADIP is limited to Veterans enrolled in VA health care and beneficiaries of VA's Civilian Health and Medical Program (CHAMPVA).
To learn more about eligibility, visit www.va.gov/healthbenefits/VADIP.

VA

U.S. Department of Veterans Affairs
Veterans Health Administration

When will VA begin notifying the IRS of a Veteran's enrollment in the VA health care system?

Starting in 2016, VA will send the IRS, Veterans and eligible beneficiaries forms that provide details of the health coverage provided by VA. These forms are to be used for the income tax process. In 2015, no forms are needed to complete the income tax process.

What if I do not receive this form?

If you do not receive your VA letter explaining your health care coverage for 2015, call 1-877-222-VETS (8387) Monday through Friday from 8 a.m. until 8 p.m. ET.

What is a PACT?

A Patient Aligned Care Team (PACT) is each Veteran working together with health care professionals to plan for the whole-person care and life-long health and wellness. They focus on:

- Partnerships with Veterans
- Access to care using diverse methods
- Coordinated care among team members
- Team-based care with Veterans as the center of their PACT

How does a PACT function?

A PACT uses a team-based approach. You are the center of the care team that also includes your family members, caregivers and your health care professionals – primary care provider, nurse care manager, clinical associate and administrative clerk. When other services are needed to meet your goals and needs, another care team may be called in. For more information, visit www.va.gov/health/services/primarycare/pact/.

Am I eligible for dental care?

Dental benefits are provided by the VA according to law. In some instances, VA is authorized to provide extensive dental care, while in other cases, treatment may be limited. The chart below describes dental eligibility criteria and contains information to assist Veterans in understanding their eligibility for VA dental care.

The eligibility for outpatient dental care is not the same as for most other VA medical benefits and is categorized into classes. For instance, if you are eligible for VA dental care under Class I, IIC or IV, you are eligible for any necessary dental care to maintain or restore oral health and masticatory function, including repeat care. Other classes have time and/or service limitations.

If you:	You are eligible for:
Have a service-connected compensable dental disability or condition	Any needed dental care.
Are a former prisoner of war	Any needed dental care.
Have service-connected disabilities rated 100% disabling or are unemployable and paid at the 100% rate due to service-connected conditions	Any needed dental care. [***Note:*** Veterans paid at the 100% rate based on a temporary rating, such as extended hospitalization for a service- connected disability, convalescence or pre-stabilization, are not eligible for comprehensive outpatient dental services based on this temporary rating.]

If you:	You are eligible for:
Apply for dental care within 180 days of discharge or release from a period of active duty (under conditions other than dishonorable) of 90 days or more during the Persian Gulf War era	One-time dental care if your DD 214, Certificate of Release or Discharge from Active Duty does not indicate that a complete dental examination and all appropriate dental treatment had been rendered prior to discharge.*
Have a service-connected noncompensable dental condition or disability resulting from combat wounds or service trauma	Any dental care necessary to provide and maintain a functioning dentition. A Dental Trauma Rating (VA Form 10-564-D) or VA Regional Office Rating Decision letter (VA Form 10-7131) identifies the tooth/teeth that are trauma rated.
Have a dental condition clinically determined by VA to be associated with and aggravating a service-connected medical condition	Dental care to treat the oral conditions that are determined by a VA dental professional to have a direct and material detrimental effect to your service-connected medical condition.
Actively engaged in a 38 USC Chapter 31 Vocational Rehabilitation and Employment Program	Dental care to the extent necessary as determined by a VA dental professional to: • Make possible your entrance into a rehabilitation program • Achieve the goals of your vocational rehabilitation program • Prevent interruption of your rehabilitation program • Hasten the return to a rehabilitation program if you are in interrupted or leave status • Hasten the return to a rehabilitation program of a Veteran if you are placed in discontinued status because of illness, injury or a dental condition, or • Secure and adjust to employment during the period of employment assistance, or enable you to achieve maximum independence in daily living.
Receive VA care or are scheduled for inpatient care and require dental care for a condition complicating a medical condition currently under treatment	Dental care to treat the oral conditions that are determined by a VA dental professional to complicate your medical condition currently under treatment.
An enrolled Veteran who is homeless and receiving care under VHA Directive 2007039	A one-time course of dental care that is determined medically necessary to relieve pain, assist you to gain employment or treat moderate, severe or complicated and severe gingival and periodontal conditions.

***Note:** Public Law 83 enacted June 16, 1955, amended Veterans' eligibility for outpatient dental services. As a result, any Veteran who received a dental award letter from the Veteran Benefits Administration (VBA) dated before 1955 in which VBA determined the dental conditions to be non-compensable are no longer eligible for Class II outpatient dental treatment.

Veterans receiving hospital, nursing home or domiciliary care will be provided dental services that are professionally determined by a VA dentist, in consultation with the referring physician, to be essential to

WAYS I CARE
VALUES WE LIVE BY

To fulfill President Lincoln's promise,

"To care for him who shall have borne the battle and for his widow, and his orphan."

I CARE
CORE VALUES

	BECAUSE I CARE, I WILL
INTEGRITY	Act with high moral principle. Adhere to the highest professional standards. Maintain the trust and confidence of all with whom I engage.
COMMITMENT	Work diligently to serve Veterans and other beneficiaries. Be driven by an earnest belief in VA's mission. Fulfill my individual responsibilities and organizational responsibilities.
ADVOCACY	Be truly Veteran-centric by identifying, fully considering, and appropriately advancing the interests of Veterans and other beneficiaries.
RESPECT	Treat all those I serve and with whom I work with dignity and respect. Show respect to earn it.
EXCELLENCE	Strive for the highest quality and continuous improvement. Be thoughtful and decisive in leadership, accountable for my actions, willing to admit mistakes, and rigorous in correcting them.

INTEGRITY COMMITMENT ADVOCACY RESPECT EXCELLENCE

I CARE
DEPARTMENT OF VETERANS AFFAIRS

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WAYS I CARE
VALUES WE LIVE BY

I CARE

CORE CHARACTERISTICS

TRUSTWORTHY

VA earns the trust of those it serves—every day—through the actions of all employees. They provide care, benefits, and services with compassion, dependability, effectiveness, and transparency.

ACCESSIBLE

VA engages and welcomes Veterans and other beneficiaries, facilitating their use of the entire array of its services. Each interaction will be positive and productive.

QUALITY

VA provides the highest standard of care and services to Veterans and beneficiaries while managing the cost of its programs and being efficient stewards of all resources entrusted to it by the American people. VA is a model of unrivalled excellence due to employees who are empowered, trusted by their leaders, and respected for their competence and dedication.

INNOVATIVE

VA prizes curiosity and initiative, encourages creative contributions from all employees, seeks continuous improvement, and adapts to remain at the forefront in knowledge, proficiency, and capability to deliver the highest standard of care and services to all of the people it serves.

AGILE

VA anticipates and adapts quickly to current challenges and new requirements by continuously assessing the environment in which it operates and devising solutions to better serve Veterans, other beneficiaries, and Service members.

INTEGRATED

VA links care and services across the Department; other federal, state, and local agencies; partners; and Veterans Services Organizations to provide useful and understandable programs to Veterans and other beneficiaries. VA's relationship with the Department of Defense is unique, and VA will nurture it for the benefit of Veterans and Service members.

the management of the patient's medical condition under active treatment.

For more information about eligibility for VA medical and dental benefits, call toll-free 1-877-222-VETS (8387) or visit www.va.gov/healthbenefits.

What is Non-VA Care?

Non-VA care is when the Veteran's VA care team determines the Veteran should be referred to a Non-VA provider and VA would pay for the cost of that care because:

- Demand exceeds the VA health care facility capacity
- There is a need for diagnostic support services for VA clinicians
- Specialty care services are scarce (e.g., obstetrics, hyperbaric, burn care, oncology) and/or when VA resources are not available due to constraints (e.g. staffing, space)
- It is cost-effective for VA
- To satisfy patient wait-time requirements

Do I qualify for routine health care at non-VA facilities at VA expense?

Generally, no. To qualify for routine care at non-VA facilities at VA expense, you must first be given a written referral. Included among the factors in determining whether such care will be authorized is your medical condition and the availability of VA services within your geographic area. VA copayments may be applicable.

Am I eligible for emergency care at a non-VA facility?

An eligible Veteran may receive emergency care at a non-VA health care facility at VA expense when a VA facility or other Federal health care facility with which VA has an agreement is unable to furnish economical care due to the Veteran's geographical inaccessibility to a VA medical facility, or when VA is unable to furnish the needed emergency services. (See "Emergency Care" on page 25 for specific rules.)

Are there any payment limitations for non-VA emergency care?

Emergency care must be pre-authorized by VA. When the emergency care is not authorized in advance by VA, it may be considered as preauthorized care when the nearest VA medical facility is notified within 72 hours of admission, the Veteran is eligible and the care rendered is emergent in nature. Claims for non-VA emergency care not authorized by VA in advance of services being furnished must be timely filed. Because timely filing requirements differ by type of claim, you should contact the nearest VA medical facility as soon as possible to avoid payment denial for an untimely filed claim. (See "Emergency Care" on page 25 for specific rules.)

Payment may not be approved for any period beyond the date on which the medical emergency ended, except when VA cannot accommodate transfer of the Veteran to a VA or other Federal facility. An emergency is deemed to have ended at that point when a VA physician has determined that, based on sound medical judgment, a Veteran who received emergency hospital care could have been transferred from the non-VA facility to a VA medical center for continuation of treatment.

What type of emergency care can VA authorize in advance?

Subject to eligibility and payment limitations described in "Emergency Care" on page 25, VA may preauthorize and issue payment for non-VA emergency care when treatment is needed for:	Inpatient Care	Outpatient Care
The Veteran's VA-rated service-connected disability, or for a nonservice condition that is associated with and aggravating the Veteran's service-connected condition	✓	✓
A disability for which the Veteran was released from active duty	✓	✓
Any condition of a Veteran who is rated by VA as permanently and totally disabled due to a service-connected disability	✓	✓
Any condition of a Veteran who is an active participant in the VA Chapter 31 Vocational Rehabilitation and Employment Program, who needs treatment medically determined to make possible the Veteran's entrance into a course of training or prevent interruption of a course of training that was interrupted due to such illness, injury or dental condition	✓	✓
Any condition for a Veteran who has a VA service-connected disability rating of 50% or greater		✓
A condition for which the Veteran has been furnished VA hospital care, nursing home, domiciliary care or medical services and who requires medical services to complete treatment incident to such care or services		✓
Any condition of a Veteran who is in receipt of increased VA pension, additional VA compensation or allowances based on the need for regular aid and attendance or by reason of being permanently housebound		✓
A condition requiring emergency care that developed while the Veteran was receiving medical services in a VA facility or contract nursing home or during VA authorized travel	✓	✓
Any condition that will prevent the need for hospital admission for a Veteran in the state of Alaska or Hawaii and U.S. Territories, excluding Puerto Rico		✓
Any condition for women Veterans	✓	
Any dental services, treatment and related dental appliances for Veterans who are former prisoners of war		✓

Can VA pay for non-VA emergency care that is not preauthorized?

VA has limited payment authority when emergency care at a non-VA facility is provided without authorization by VA in advance of services being furnished or when notification to VA is not made within 72 hours of admission. VA may pay for unauthorized emergency care as indicated below. Since payment may be limited to the point your condition is stable for transfer to a VA facility, the nearest VA medical facility should be contacted as soon as possible for all care not authorized by VA in advance of the services being furnished.

For service-connected	For nonservice-connected conditions
VA may only pay for emergency care provided in a non-VA facility for certain Veterans who are rated by VA with a service-connected disability. VA may pay for emergency inpatient or outpatient care when treatment is needed for:	VA may only pay for emergency care provided in a non-VA facility for treatment of a Nonservice-connected condition only if all of the following conditions are met:
The Veteran's VA rated service-connected disability or for a nonservice-condition that is associated with and aggravating the Veteran's service-connected condition	The episode of care cannot be paid as an unauthorized claim for service-connected Veterans
The Veteran's VA rated service-connected disability or for a nonservice-condition that is associated with and aggravating the Veteran's service-connected condition	The episode of care cannot be paid as an unauthorized claim for service-connected Veterans
A VA facility was not considered feasibly available when the urgency of the Veteran's medical condition, the relative distance of the travel involved or the nature of the treatment required makes it necessary or economically advisable to use public or private facilities	The Veteran is enrolled in the VHA health care system and received VA medical care within a 24-month period preceding the furnishing of the emergency treatment
VA may only pay for emergency care provided in a non-VA facility for certain Veterans who are rated by VA with a service-connected disability. VA may pay for emergency inpatient or outpatient care when treatment is needed for	VA may only pay for emergency care provided in a non-VA facility for treatment of a Nonservice-connected condition only if all of the following conditions are met
Any condition of a Veteran who is rated by VA as permanently and totally disabled due to a service connected disability	The Veteran is personally liable to the health care provider for the emergency treatment that meets the prudent layperson definition of an emergency
Any condition of a Veteran who is an active participant in the VA Chapter 31 Vocational Rehabilitation and Employment Program, who needs treatment medically determined to make possible the Veteran's entrance into a course of training or to prevent interruption of a course of training that was interrupted due to such illness, injury or dental condition	The Veteran has no other contractual or legal recourse against a third party that would, in whole, extinguish the Veteran's liability. The claim must be filed within 90 days from the date of discharge or the date the Veteran exhausted without success any actions to obtain payment from a third party
A prudent layperson would have reasonably expected that delay in seeking immediate medical attention would have been hazardous to life or health	A prudent layperson would have reasonably expected that delay in seeking immediate medical attention would have been hazardous to life or health
Once authorization for care is granted by VA the, authorization will be continued after admission only for the period of time required to stabilize or improve the patient's condition to the extent that further care is no longer required to satisfy the purpose it was initiated	Once authorization for care is granted by VA, the authorization will be continued after admission or only for the period of time required to stabilize or improve the patient's condition to the extent that further care is no longer required to satisfy the purpose it was initiated

For service-connected	For nonservice-connected conditions
VA may only pay for emergency care provided in a non-VA facility for certain Veterans who are rated by VA with a service-connected disability. VA may pay for emergency inpatient or outpatient care when treatment is needed for:	VA may only pay for emergency care provided in a non-VA facility for treatment of a Nonservice-connected condition only if all of the following conditions are met:
	The Veteran is not entitled to care or services under a health plan contract
	Treatment was provided in a hospital emergency room

Does VA offer compensation for travel expenses to and from a VA facility?

Yes, but not all Veterans qualify. If you meet specific criteria (see "Medically Related Travel Benefits" on page 32), you are eligible for travel benefits.

I already provided financial information on my initial VA application, why is it necessary to complete a separate financial assessment for long-term care?

Unlike the information collected from the financial assessment, which is based on your previous year's income, the 10-10EC is designed to assess your current financial status, including current expenses. This in-depth analysis provides the necessary monthly income/expense information to determine whether you qualify for free, long-term care or a significant reduction from the maximum copay charge.

Once I submit a completed VA Form 10-10EC, who notifies me of my long-term care copay requirements?

The social worker or case manager involved in your long-term care placement will provide you with an annual projection of your monthly copay charges.

What is Quality Care?

"Quality care" has many definitions, but at VA it means:

- **The right type of care for your health condition**
- **Care that results in the best possible outcome for you**
- **Care delivered with attention to your concerns, needs and life goals**
- **Care that keeps you safe from hazards and harm**

Visit VA's Quality of Care site at www.va.gov/qualityofcare/ to see how we are doing!

Assuming I qualify for nursing home care, how is it determined whether the care will be provided in a VA facility or a private nursing home at VA expense?

Generally, if you qualify for indefinite nursing home care, that care will be furnished in a VA facility. Care may be provided in a private facility under VA contract when there is compelling medical or social need.

If you do not qualify for indefinite care, you may be placed in a community nursing home, generally not to exceed six months, following an episode of VA care. The purpose of this short-term placement is to provide assistance to you and your family while alternative, long-term arrangements are explored.

For Veterans who do not qualify for indefinite VA Community Living Center care at VA expense, what assistance is available for making alternative arrangements?

When the need for nursing home care extends beyond the Veteran's eligibility, our social workers will help family members identify possible sources for financial assistance. Our staff will review basic Medicare and Medicaid eligibility and direct the family to the appropriate sources for further assistance, including possibly applying for additional VA benefit programs.

What does the new VHIC provide that the old ID card did not?

- Increased security for your personal information – no personally identifiable information is contained on the magnetic stripe or barcode.
- A salute to your military service – the emblem of your latest branch of service is displayed on your card. Several special awards will also be listed.

What document(s) do I need to prove my identity to receive a VHIC?

Primary Identification	Secondary Identification
Present ONE form of Primary Identification	And ONE form of Secondary Identification
State-Issued Driver's License or ID	Social Security Card
U.S. Passport or U.S. Passport Card (unexpired)	Original or Certified Birth Certificate
Foreign passport with Form I-94 or Form I-94A	Certification of Birth Abroad Issued by the Department of State (Form FS-545)
U.S. Military card	Certification of Report of Birth issued by the Department of State (Form DS-1350)
Military dependent's ID card	Voter's Registration Card
U.S. Coast Guard Merchant Mariner Card	Native American Tribal Document
Foreign passport that contains a temporary I-551 stamp	U.S. Citizen ID Card (Form I-197)
Permanent Resident Card or Alien Registration Receipt Card (Form I-551)	Identification Card for Use of Resident Citizen in the United States (Form I-179)
Federal, state or local government issued ID card with a photograph	Employment Authorization document issued by the Department of Homeland Security
Employment Authorization Document that contains a photograph (Form I-766)	Canadian Driver's License

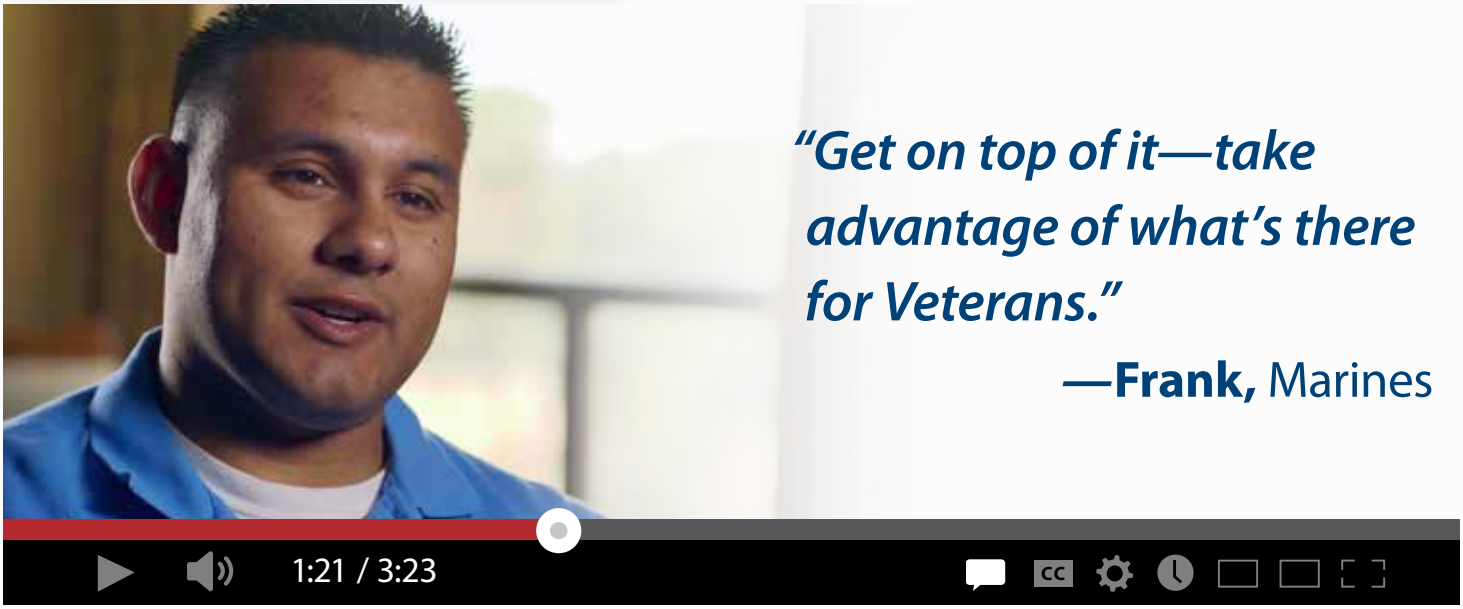
What do I do if my VHIC is lost or stolen?

If your VHIC is lost or stolen, you should contact your local VA medical facility where you receive your care to request a new card be re-issued, or call toll free 1-877-222-VETS (8387). In order to assist you during the call, please be aware that you will need to provide the proper identification. If you request a replacement VHIC, your previous card will be deactivated.

I'm a Veteran. I know what it's like. Hear my story.

"Put yourself first, and just seek whatever help you can, because you're not going to know what kind of help you need until you actually go in there."

—**Edward,** *Navy, Navy Reserve*

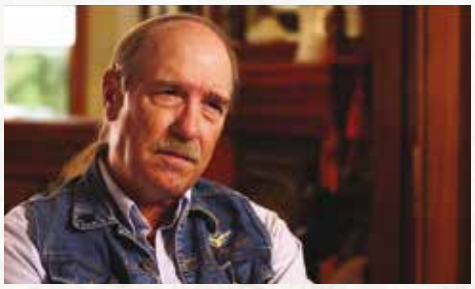


"Get on top of it—take advantage of what's there for Veterans."

—**Frank,** Marines

"In the beginning I was against going to therapy. But it really started to work. Therapy works."

—**April,** Army Reserve



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U.S. Department of Veterans Affairs

VCS

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Department of Veterans Affairs
Veterans Health Administration
Chief Business Office

For more information on VA health care
Telephone (toll-free): 1-877-222-VETS (8387)
Website: http://www.va.gov/healthbenefits
To download a copy of this brochure, go to:
www.va.gov/healthbenefits/resources/epublications.asp

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