

TYPES OF COPAYMENTS



- Outpatient
- Inpatient
- Extended Care
- Medication Copayment

You may be responsible for one or more of the federally mandated copayments VA is required to charge. Veterans who are service-connected 10% or greater are not required to pay a copayment for inpatient or outpatient care medical care.

Health Savings Accounts (HSA) can be utilized to make VA copayments.

Please note: Because copayment rates may change annually, they are published separately. Current year rates can be obtained at any VA health care facility or at our Web site: <http://www.va.gov/healthbenefits/cost/>.

For more information regarding health insurance billing and copayments, call the toll free number that is listed on your billing statement.

COMMONLY ASKED QUESTIONS

Q. If I am required to make a copayment and can't, will VA withhold my treatment or medications?

A. No. VA will not withhold any treatment or medication. An account is automatically established when you are required to make a copayment. However, if you are having financial difficulties and unable to pay assessed copayment charges, you may apply for a hardship, waiver, compromise, or repayment plan.

Q. I am presently covered by my spouse's insurance policy. Do I need to tell VA this when I register?

A. Yes. VA is required by law to bill your spouse's insurance company, provided you are covered under your spouse's insurance policy, for non service-connected medical care or medications.

Q. Will my health insurance cover my copayment charge?

A. In most cases yes. Reimbursements received from insurance carriers will be used to offset or eliminate your copayment on a dollar for dollar basis. The unpaid VA copayment balance remains your payment responsibility.

Q. Will my insurance company be charged for treatment of my service-connected condition?

A. No, VA is not authorized to bill your insurance company for treatment of your service-connected conditions.

Please note: You are not responsible for the balance of your insurance company's bills, deductibles or cost shares.

Information on Veteran's Health Insurance and Copayments at VA



YOUR HEALTH INSURANCE AND VA

Why VA Bills Your Health Insurance

VA is required by law to bill any health insurance carrier that provides coverage for you, including policies held by your spouse. Only Veterans treated for non service-connected conditions should see their insurance company billed for their treatment. Veterans who are treated for service-connected conditions should not have their insurance company billed for treatment. VA does not bill Medicare or Medicaid.

Please note: VA may bill High Deductible Health Plans (HDHPs) for medical care and services provided to Veterans for non service-connected conditions. (HDHPs are usually linked to a Health Savings Account that can be used to make VA copayments.) VA may also accept reimbursement from Health Reimbursement Arrangements (HRAs) for care provided for non service-connected conditions.

Where the Money Goes

Money collected from health insurance reimbursements is returned directly to the medical centers and used to enhance the health care services provided to Veterans.

For this to happen, information must be obtained regarding your health insurance coverage. VA staff may call you at home to obtain this information or they may ask you for it when you check in for an appointment at the medical center. Always bring your insurance card with you when you come to VA. This will provide the facility with your current insurance information.

Insurance Coverage and Eligibility for VA Health Care

Your insurance coverage or lack of insurance coverage does not determine your eligibility for treatment at a VA health care facility.

VA's Financial Assessment (Means Test)

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 cost-free medical care and medications. The assessment is based on the Veteran's, (spouse and dependents, if any) previous year gross household income. Please note: If you are receiving extended care services for 181 days or more your assets in addition to your household income will be utilized to determine your copayment status.

If your income falls below the income threshold: You will not be charged a copayment for medical treatment, but VA will bill your insurance carrier for your non service-connected care. You may also be responsible for medication or extended care copayments.

If your income exceeds the income threshold: VA will bill your insurance carrier for your non service-connected medical treatment and for medications. You will be responsible for copayments for non service-connected medical treatment, medications and extended care services, that are not covered by your health insurance payments to VA.

MEDICATION COPAYMENTS AND INCOME SCREENING

The Medication Copayment applies to each prescription, including each 30-day supply or less of maintenance medications prescribed on an outpatient basis for non service-connected conditions. This copayment may change annually.

Please note: Medication copayments are charged for all over-the-counter medications such as aspirin, cough syrup, vitamins, etc., that are dispensed from a VA pharmacy. Therefore, you may want to consider purchasing over-the-counter medications on your own.

Veterans who have a service-connection rating of 40% or less and whose income is at or below the applicable National Income Threshold (which can be found at: <http://www.va.gov/healthbenefits/>) may wish to complete a medication copayment exemption test.

Billing Questions: If you receive a bill that you believe to be in error, please contact the toll free number that is listed on your billing statement.