

Department of Veterans Affairs

Health Care Benefits Overview

September 2010

inside

overview

eligibility

enrollment

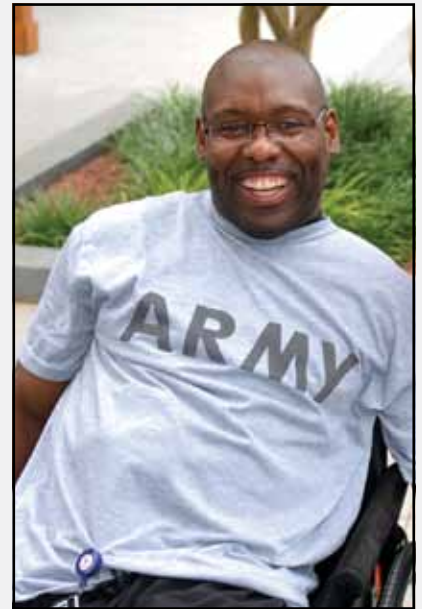
enrollment priority groups

copay requirements

covered services / acute care benefits

long-term care benefits

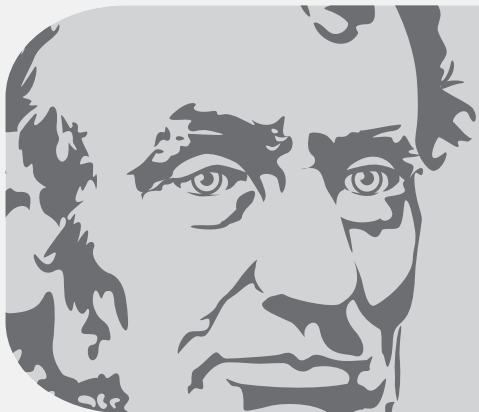
additional VA health benefits



Building on over 50 years of providing quality health care services to our nation's Veterans

TABLE OF CONTENTS

INTRODUCTION.....	1
OVERVIEW.....	1
ELIGIBILITY AND MEDICAL PROGRAM BENEFITS.....	3
VA HEALTH CARE ENROLLMENT	5
VA HEALTH CARE ENROLLMENT PRIORITY GROUPS.....	13
CO-PAYS.....	14
COVERED SERVICES/ACUTE CARE BENEFITS.....	17
LONG-TERM CARE BENEFITS.....	23
ADDITIONAL VA HEALTH BENEFITS.....	25



*“...to care for him who shall
have borne the battle and for
his widow, and his orphan...”*

– Abraham Lincoln

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, its enrollment process, including enrollment priority groups, co-pays that certain Veterans may be charged and the health benefits and services available to help Veterans.

Additionally, inside you will find helpful information about My HealthVet, Creditable Coverage for Medicare Part D, Income Verification and medically related travel benefits.

This brochure is not intended to provide information on all of the health services offered by VA. If we have not addressed your specific questions, additional assistance is available at the following resources:

Your local VA health care facility's Enrollment Office

www.va.gov/healtheligibility

www.myhealth.va.gov

VA toll-free 1-877-222-VETS (8387)

VA enrollment also allows health care benefits to become completely portable throughout the entire VA system.

OVERVIEW

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 (see Enrollment Priority Groups on page 13).

Complementing the expansion of benefits and improved access is our ongoing commitment to providing the very best in quality service. Our goal is to ensure our patients receive the finest quality of health care regardless of the treatment program, regardless of the location. In addition to our ongoing quality assurance activities, we've made it easier for Veterans to get the health care they need. New locations continue to be added to the VA health care system—bringing the total number of treatment sites to over 1,400 nationwide.

As explained further in this guide, most Veterans must be enrolled to receive VA health care. While some Veterans are not required to enroll due to their special eligibility status, all Veterans—including those who have special eligibility—are encouraged to apply for enrollment. Enrollment helps us determine the number of potential Veterans who may seek VA health care services and is a very important part of our planning efforts.

Enrollment in the VA health care system provides Veterans with the assurance that comprehensive health care services will be available when and where they are needed during that enrollment period. 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.

Veterans Choose the VA Facility

As part of the enrollment process, Veterans should select the VA health care facility or Community Based Outpatient Clinic (CBOC) to serve as his/her primary treatment facility.

Benefits on the Go

VA enrollment also allows health care benefits to become completely portable throughout the entire VA health care system. Enrolled Veterans who are traveling or who spend time away from their primary treatment facility may obtain care at any VA health care facility across the country without the worry of having to reapply. Veterans with a service-connected condition may receive treatment for that condition even in a foreign country (see Foreign Medical Program on page 18).

Notice of Privacy Practices

Veterans who are enrolled for VA health care benefits are afforded various privacy rights under federal law and regulations, including the right to a Notice of Privacy Practices. The Veterans Health Administration (VHA) issued the VA Notice of Privacy Practices, IB 10-163, in April 2009. The VA Notice of Privacy Practices provides enrolled Veterans with information regarding how VHA may use and disclose personal health information. The Notice also advises enrolled Veterans of their rights to know when and to whom their health information may have been disclosed, request access to or receive a copy of their health information on file with VHA, request an amendment to correct inaccurate information on file and file a privacy complaint. The VA Notice of Privacy Practices may be obtained through the Internet at www.va.gov/vhapublications/viewpublication.asp?pub_id=1089 or through the mail by writing the VHA Privacy Office (19F2), 810 Vermont Avenue NW, Washington, DC 20420.

Online Access to VA Health Information and Services

My HealtheVet, www.myhealth.va.gov, is VA's award-winning e-health Web site, which offers Veterans, active duty Servicemembers and their dependents and caregivers anywhere, anytime Internet access to VA health care information and services. My HealtheVet is a free, online Personal Health Record that empowers Veterans to become more informed partners in their health care. With My HealtheVet, America's Veterans can access trusted, secure and informed health and benefits information at their convenience. Veterans may log on to My HealtheVet at www.myhealth.va.gov and begin to better manage their health care and make informed decisions in collaboration with their health care providers. Veterans can also record and store important health and military history information. To register, Veterans simply need to go to www.myhealth.va.gov.

Veterans who receive care at a VA facility should ask for In Person Authentication, or "IPA", to obtain an upgraded account that offers additional access to key features of their Personal Health Record.

With My HealtheVet, Veterans can access:

VA Prescriptions Refill	Personalized Wellness Reminders
VA Benefits & Services	Local VA Events & Activities
Personal Health Journals	Vitals Tracking & Graphing
Military Health History	Activity/Food Journals
Healthy Living Centers	VA News & Feature Stories
Disease & Condition Centers	Trusted Health Information

Contact your VA medical facility's Release of Information section for more information and to find out how to sign up to be authenticated.

Prior to completing the IPA process, you will need to take the following steps:

Step 1: Go to the My HealtheVet Web site at www.myhealth.va.gov and scroll down to:

My HealtheVet Virtual Tour

Take the My HealtheVet Virtual Tour here. Get a peek at the many features you can find on My HealtheVet. You can view it online or save it to your PC.

[Download \(ZIP 4.8Mb\)](#) | [Watch the tour now »](#) | [Get Flash Player Free](#)

[Transcript \(PDF 28Kb\)](#), requires [Adobe Reader](#) | [Transcript \(Word 52Kb\)](#), requires [MS Word Reader](#)

Step 2: View the My HealtheVet Orientation Video online, or read the MHV Orientation Video transcript. *Please note that the video can also be viewed at your VA facility.*

With My HealtheVet, America's Veterans can access trusted, secure, and informed health and benefits information at their convenience.





Step 3: Complete the Individuals' Request for a Copy of Their Own Health Information, VA Form 10-5345a, available online at www.va.gov/vaforms/medical/pdf/vha-10-5345a-fill.pdf, or at your medical facility.

Step 4: Take the signed VA Form 10-5345a, along with a valid government issued photo identification card, to a VA staff member assigned to handle authentication.

The facility will verify your name, social security number and date of birth.

When this one-time process is completed, the Veteran may have access to key portions of their VA medical records. Medication names will be available, so Veterans will be able to refill their VA prescriptions by medication name.

New features coming soon will allow Veterans to:

- View VA Appointments
- Obtain personalized VA Appointment Reminders
- Communicate with participating health care providers through Secure Messaging
- View lab results

Veterans, active duty Servicemembers and others are urged to join hundreds of thousands of enrollees already taking charge of their day-to-day health care by logging on to www.myhealth.va.gov. My HealthVet is about My Health, My Care: 24/7 Online Access to VA Health Care and Services. Take charge of your VA health care and log on today: www.myhealth.va.gov.

Frequently Asked Questions

Were there changes to allow more high income Veterans to enroll for VA health care?

Yes. On June 15, 2009, VA amended its regulations to expand enrollment of certain Veterans with higher income. Under this new provision, VA is enrolling Priority Group 8 Veterans whose income does not exceed the new VA National Income Thresholds. While this new provision does not remove consideration of income, it does increase income thresholds.

Where can I find the new income thresholds?

Because of the changes to the income thresholds each year, they are not published in this brochure. However, the income threshold tables can be viewed online at www.va.gov/healtheligibility/library/annualthresholds.asp

How can I verify my enrollment?

To verify your enrollment, call us toll-free at 1-877-222-VETS (8387) to get the facility's telephone number.

ELIGIBILITY AND MEDICAL PROGRAM BENEFITS

Basic Eligibility

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 may be eligible for VA health care as well.

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 in order 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, for a hardship or "early out." Since there are a number of other exceptions to the minimum duty requirements, VA encourages all Veterans to apply in order to determine their enrollment eligibility.

Women Veterans Eligibility

Current estimates of the projected growth of women Veterans predict there will be 1.9 million by 2020, up from 1.1 million in 1980. Thus, women will continue to make up a larger share of the Veteran population, add to its diversity, and require Veteran services geared to their specific needs.

Women Veterans may receive the full spectrum medical benefits package. They also receive the full continuum of comprehensive medical services, including health promotion and disease prevention, primary care, women's gender-specific health care, for example, hormone replacement therapy, breast and gynecological care, limited maternity and infertility (excluding in-vitro fertilization), acute medical/surgical, emergency and substance abuse treatment, mental health, domiciliary, rehabilitation and long-term care.

Readjustment Counseling Services

VA provides readjustment counseling and outreach services to all Veterans who served in any combat zone, through community based counseling centers called Vet Centers. Services are also available for their family members for military related issues. Veterans have earned these benefits through their service and all are provided at no cost to the Veteran or family. The Vet Centers are staffed by small multidisciplinary teams of dedicated personnel, many of whom are combat Veterans themselves. Vet Center staff are available toll-free during normal business hours at 1-800-905-4675 (Eastern) and 1-866-496-8838 (Pacific). For information online, visit www.vetcenter.va.gov.

VA has launched a pilot online Chat Service, in partnership with Lifeline: suicidepreventionlifeline.org/Veterans/default.aspx. The Veterans Chat Service, available 24 hours a day, 7 days a week, is located at the VA National Suicide Prevention Hotline.

Why should I call the Lifeline?

From immediate suicidal crisis to information about mental health, crisis centers in our network are equipped to take a wide range of calls. Some of the reasons to call 1-800-273-TALK (8255) are listed below.

- Call to speak with someone who cares
- Call if you feel you might be in danger of hurting yourself



Suicide Prevention Lifeline

1-800-273-TALK (8255) Veterans Press 1

The **National Suicide Prevention Lifeline** is a 24-hour, seven days a week, toll-free suicide prevention service available to anyone in suicidal crisis. **If you need help, please dial 1-800-273-TALK (8255).** You will be routed to the closest possible crisis center in your area. With more than 130 crisis centers across the country, our mission is to provide immediate assistance to anyone seeking mental health services. Call for yourself, or someone you care about. Your call is free and confidential.

Current estimates of the projected growth of women Veterans predict there will be 1.9 million by 2020, up from 1.1 million in 1980.

- Call to find referrals to mental health services in your area
- Call to speak to a crisis worker about someone you're concerned about

Medically Related Travel Benefits

Veterans may qualify for travel payments if they fall into one of the following categories:

- Have a service-connected disability rating of 30 percent or more
- Are traveling for treatment of a service-connected condition
- Receive a VA pension
- Are traveling for a scheduled compensation or pension examination
- Does not have income that exceeds the maximum annual VA pension rate
- Veterans meeting the above conditions may also be provided special mode travel (e.g., wheelchair van, ambulance) based on a clinical determination of need (authorization is not required for emergencies if a delay would endanger their life or health).

Mileage Rates and Deductibles
General Travel
Mileage rates are \$0.415 (41.5 cents) per mile.(subject to change)
Scheduled and Unscheduled Appointments/Visits
Scheduled appointments qualify for round-trip mileage.
Unscheduled visits may be limited to return mileage only.
Deductibles
Deductible is \$3.00 one way (\$6.00 round trip).
Deductible requirement is subject to a monthly cap of \$18.00.
Upon reaching \$18.00 in deductibles or 6 one-way (3-round) trips, whichever comes first, travel payments made for the balance of that particular month will be free of deductible charges.
Waiver of Travel Deductible
A waiver of the deductible will be provided if the Veteran is eligible for travel and:
They are in receipt of a VA pension.
They are a non-service-connected Veteran and their previous year's income does not exceed, or their projected current calendar year's income will not exceed the applicable VA pension rate.
They are a service-connected Veteran and their previous year's income does not exceed, or their projected current calendar year's income will not exceed the applicable national means test income threshold.
They are traveling for a scheduled compensation and pension exam.

VA HEALTH CARE ENROLLMENT

Veterans can apply for enrollment in the VA health care system by completing VA Form 10-10EZ, APPLICATION FOR HEALTH BENEFITS. As part of VA's efforts to streamline access to benefits, VA has removed the signature requirement for Veterans who electronically submit an online VA Form 10-10EZ. The action reduces the processing time for enrollment significantly for Veterans to be able to access their medical benefits.

VA provides readjustment counseling and outreach services to all Veterans who served in any combat zone...

The application form can be obtained online, by visiting, calling or writing any VA health care facility or Veterans' benefits office. Forms can also be requested by calling VA toll-free at 1-877-222-VETS (8387) or accessed from our Web site at www.va.gov/1010ez.htm. In addition, many military treatment facilities have VA representatives on staff that can also help you with this request.

Completed applications may be submitted in person or by mail to any VA health care facility. If you apply in person at a VA health care facility, VA staff will do a preliminary assessment of your priority group.

You may request an appointment at the time you apply in person, or if completing an application online or mailing your application, by checking "yes" to the question asking if you want an appointment with a VA doctor or provider as soon as one becomes available. After your application is processed, the VA Health Eligibility Center in Atlanta will notify you via mail of your enrollment status and priority group assignment. If you requested an appointment, your preferred facility will schedule an appointment for you and notify you of the appointment by mail. If you need health care before your scheduled appointment, you may contact the Enrollment Coordinator at your local VA medical facility. Emergent health care is also available to you (for more information, go to page 20, Covered Services FAQ for emergency care).

Priority Group 8 Enrollment Relaxation

Regulations went into effect on June 15, 2009 which enabled the Department of Veterans Affairs (VA) to relax income restrictions on enrollment for health benefits. While this provision does not remove consideration of income, it does increase income thresholds. You may be eligible for enrollment under this provision. The VA National Income Thresholds can be found online at www.va.gov/healtheligibility/library/annualthresholds.asp.

An Enrollment Calculator is available to help Veterans determine their potential eligibility for VA health care services under the proposed regulation. Check to see if you qualify for VA health care at www.va.gov/healtheligibility/apps/enrollmentcalculator.

Enrollment Restriction

Although the income relaxation regulation described above allows certain higher-income Veterans to be enrolled in the VA health care system, the previous Enrollment Restriction, effective January 17, 2003, by which VA suspended NEW enrollment of Veterans assigned to Priority Groups 8e and 8g is still in effect (VA's lowest priority group consisting of higher income Veterans). However, VA encourages Veterans in these priority groups to reapply for enrollment. They may now qualify if their current household income exceeds the applicable income thresholds by the determined percentage or less, under current regulations. The VA National Income Thresholds can be found online at www.va.gov/healtheligibility/library/annualthresholds.asp.

Veterans are assigned to Priority Groups 8e and 8g based on the following:

- The Veteran does not have any special qualifying eligibility, such as a compensable service-connected disability
- The Veteran's household income exceeds the current year VA income threshold and the geographic income threshold for the Veteran's residence
- New Veterans who decline to provide their financial information
- Veterans enrolled in Priority Groups 8a and 8c **on or before** January 16, 2003, remain enrolled and continue to be eligible for the full-range of VA health care benefits

Changes in VA's available resources may affect the number of priority groups VA can enroll in a given year. If that occurs, VA will publicize the enrollment changes and notify affected enrollees.

IMPORTANT: Veterans who may otherwise be ineligible for enrollment based on income may still be eligible based on a VA Catastrophically Disabled determination or due to loss of income or other economic factor by applying for a Hardship determination.

For further information please contact VA at 1-877-222-VETS (8387).

Combat Veterans—Returning Servicemembers (OEF/OIF/OND)

VA is ready to provide health care and other medical services to our nation's returning OEF/OIF/Operation New Dawn (OND) Servicemembers. (Operation New Dawn began September 1, 2010 with the end of combat operations in Iraq.) Every VA

*VA medical center has a team ready to welcome OEF/OIF/OND
Servicemembers and help coordinate their care.*

medical center has a team ready to welcome OEF/OIF/OND Servicemembers and help coordinate their care. For more information about the various programs available for recent returning Servicemembers, log on to the Returning Servicemembers web site at www.oefoif.va.gov/howdogethelp.asp.

Combat Veterans who served in a theater of combat operations after November 11, 1998, are eligible for enrollment in Priority Group 6, unless eligible for a higher Priority Group, and are not charged co-pays for medications and/or treatment of conditions that are potentially related to their combat service. Veterans who enroll with VA under this enhanced authority will continue to be enrolled even after their enhanced eligibility period ends, although they may be shifted to Priority Group 7 or 8, depending on their income level, and required to make applicable co-pays.

- Combat Veterans discharged from active duty on or after January 28, 2008, are eligible for this enhanced enrollment health benefit for five years after the date of their most recent discharge from active duty.
- Combat Veterans who have not yet enrolled and were discharged from active duty between November 11, 1998, and January 27, 2003, may apply for this enhanced enrollment opportunity through January 27, 2011.

Financial Assessment (Means Testing)

While many Veterans qualify for enrollment and cost-free health care services based on a compensable service-connected condition or other qualifying factor, most Veterans will be asked to complete a financial assessment as part of their enrollment application process. Otherwise known as the Means Test, this financial information may be used to determine the applicant's enrollment priority group (see Enrollment Priority Groups on page 13) and whether he/she is eligible for cost-free VA health care. Higher-income Veterans may be required to share in the expense of their care by paying co-pays (Refer to the Co-pay section of this booklet on page 14).

Veterans may also submit a financial assessment to determine their eligibility for cost-free medications and travel benefits. Income threshold information can be found online at: www.va.gov/healtheligibility/library/pubs/vaincomethresholds/vaincomethresholds.pdf, or you may contact the Enrollment Coordinator at your local medical facility.

Due to VA's restricting enrollment of new Priority Groups 8e and 8g, Veterans applying for enrollment who do not have any other special eligibility qualifying factors and decline to provide financial information, will not be accepted for enrollment.

Geographically-Based Means Testing

Recognizing the cost of living can vary significantly from one geographic area to another, Congress added income thresholds based on geographic locations to the existing VA national income thresholds for financial assessment purposes. This assists lower-income Veterans who live in high-cost areas by providing an enhanced enrollment priority and reducing the amount of their required inpatient co-pay.

Geographically-based co-pay reductions apply **ONLY** to INPATIENT SERVICES. Outpatient services, long-term care, as well as medication co-pays are **NOT** affected by this provision.

Catastrophically Disabled

To be considered catastrophically disabled, Veterans must have a severely disabling injury, disorder or disease that permanently compromises their ability to carry out the activities of daily living. The disability must be of such a degree that Veterans require personal or mechanical assistance to leave home or bed, or require constant supervision 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. There is no charge for the Catastrophic Disability evaluation. If it is determined by a VA health care provider that a Veteran is catastrophically disabled, their priority will be upgraded to Priority Group 4. In addition, Veterans who are determined by VA to be Catastrophically Disabled and placed into Priority Group 4 are not assessed co-pays for their outpatient/inpatient care or for their medications.

NOTE: A Veteran who may not be eligible for enrollment due to VA's current enrollment restriction will be afforded enrollment and placement into Priority Group 4 if found to be Catastrophically Disabled.

Income Verification

Veterans Health Administration's Income Verification (IV) program verifies earned and unearned total gross household income provided by non-service-connected Veterans and Veterans rated non-compensable 0% service-connected by VA who are required to complete a financial assessment (means test).

The financial assessment is based on the Veteran's previous year gross household income and is used to determine their eligibility for VA health care benefits and in many cases, their priority group assignment. The income information provided by the Veteran is verified by matching with records from the Internal Revenue Service and the Social Security Administration.

If the IV process confirms the Veteran's household income exceeds the established VA national income (means test) thresholds, the Veteran may be determined responsible for co-pays for health care provided since the date of completion of the initial financial assessment. In addition, if the Veteran enrolled on or after January 17, 2003, the Veteran's enrollment could become denied. As a result, the Veteran would no longer be eligible for VA health care for treatment of their non-service-connected conditions. (For more information, refer to the Enrollment Restriction section on page 6 of this booklet or log on to www.va.gov/healtheligibility/iv).

Financial Hardships

If you are a Veteran who is suffering from financial distress, struggling to pay your VA co-pays, lost your job or currently face a significant decrease in your household income, VA has programs that can assist you. Additionally, VA's Medical Care Hardship program could help Veterans qualify for VA 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 income was too high may want to reconsider applying if their projected current year's income is lower. Hardship may be approved if the Veteran's current year income is substantially reduced from the prior year. Personal circumstances such as loss of employment, sudden decrease in income or increases in out-of-pocket veteran or family health care expenses factor into VA's hardship determination. If you are a Veteran and unable to pay your co-pay charges, you should discuss the matter with the Revenue Office at the VA health care facility where you received your care.

You must contact the facility where you received the care to request one of these options or call VA at 1- 877- 222-VETS (8387).

Four possible options for Veterans unable to pay assessed co-pay charges	
Hardship Determination	If a Veteran's current year income is substantially reduced from the prior year. Future exemption from medical and hospital care co-pays for a determined period of time (Please see your local Enrollment Coordinator for Hardship consideration).
Waiver	If there has been a significant change in income or significant expenses for medical care for Veteran or other family members, funeral arrangements or Veteran educational expenses. Waiver is for past debts only.
Offer in Compromise	Offer for past debts only and acceptance of a partial payment in settlement and full satisfaction of debt.
Repayment Plans	Payment of past debt over a period of 12 months.

Congress added income thresholds based on geographic locations to the existing VA national income thresholds for financial assessment purposes.

Veterans Identification Card

VA provides eligible Veterans a Veterans Identification Card (VIC) for use at VA health care facilities. This card provides quick access to VA health benefits, and VA recommends all enrolled Veterans obtain a card.

Veterans may have their photo taken at their local VA health care facility. Once the Veteran's enrollment has been verified, the card will be mailed to the Veteran's mailing address, usually within five to seven days. Veterans may call toll-free 1-877-222-VETS (8387) to check on the status of their card. In the event the card is lost or destroyed, a replacement card may be requested by contacting the VA where the picture was taken. NOTE: VICs cannot be used as a credit or an insurance card and it does not authorize or pay for care at non-VA facilities.

The VIC does not contain any sensitive, identifying information such as the Veteran's Social Security number or date of birth on the face of the card. However, that information is coded into the magnetic stripe and barcode. For that reason, VA recommends that Veterans safeguard their VIC as they would a credit card.

Updating Your Information

The VA Form 10-10EZ, Health Benefits Renewal Form, is for Veterans who are currently enrolled and need to update or report changes to their address, phone number, name, health insurance and financial information.

Veterans who are not charged co-pays for medications or health care and those who are charged reduced inpatient co-pays should update and report their financial information to VA each year to prevent their status from lapsing. VA will remind Veterans when it is time to renew the information.

However, it is not necessary to wait for the annual renewal period to provide VA updated information. Veterans may update their information whenever their financial or personal information changes, by completing VA Form 10-10EZ and mailing it to their **local facility** for processing (you can find your local facility address online at www.va.gov/directory) or by calling VA at 1-877-222-VETS (8387). Be sure to sign and date the form. If the form is not signed and dated properly, VA will return it to you for completion.

The VA Form 10-10EZ can be requested by calling VA toll-free 1-877-222-VETS (8387) or obtained online at www.va.gov/vaforms/medical/pdf/vha-10-10ezr.fill.pdf.

Private Health Insurance

Since VA health care depends primarily on annual congressional appropriations, VA encourages Veterans to retain any health care coverage they may already have—especially those in the lower enrollment priority groups described on pages 13 and 14, Enrollment Priority Groups. Veterans with private



health insurance or with federally funded coverage through the Department of Defense (TRICARE), Medicare or Medicaid may choose to use these sources of coverage as a supplement to their VA benefits. It is important to note that VA health care is NOT considered a health insurance plan.

By law, VA is obligated to bill health insurance carriers for services provided to treat a Veteran's non-service-connected conditions.

To ensure current insurance information is on file—including coverage through the Veteran's spouse—VA staff is required to ensure that Veterans' health insurance information is updated during each visit. Identification of insurance information is essential to VA because collections received from insurance companies help supplement the funding available to provide services to Veterans.

Veterans are asked to cooperate by disclosing all relevant health insurance information. Eligible Veterans are not responsible for payment of VA medical services billed to their health insurance company that are not paid by their insurance carrier.

CAUTION!

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

There is no guarantee that in subsequent 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.

Insurance Collections

Since the start of insurance collections in 1986, Veterans' health care services have been supplemented by funds collected from private health insurance companies. This supplement has allowed VA to provide services to numerous additional Veterans.

Medicare Part D Prescription Drug Coverage/Creditable Coverage

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

However, there is one significant area in which VA health care is NOT creditable coverage: Medicare Part B (outpatient health care, including doctors' fees). Creditable coverage for Medicare Part B can only be provided through an **employer**. As a result, VA health care benefits to Veterans are not creditable coverage for the Part B program. So 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 priority levels, based on a variety of eligibility factors, such as service-connection and income. There is no guarantee that in subsequent 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.

In addition, a Veteran may want to consider the flexibility afforded by enrolling in both VA and Medicare. For example, Veterans enrolled in both programs would have access to non-VA physicians (under Medicare Part A or Part B) or may 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).

Additional information on Medicare Part D prescription drug coverage can be found online at www.va.gov/healtheligibility/costs/medicaredf.asp or the Health and Human Services Medicare website at www.medicare.gov.

Frequently Asked Questions

Must I reapply every year, and will I receive an enrollment confirmation?

Depending on your priority group and the availability of funds for VA to provide health benefits to all enrollees, your enrollment will be automatically renewed without any action on your part. Veterans who are exempted from paying medical care co-pays or who are eligible for a reduced inpatient co-pay are required to update their financial information and are still required to provide their income information on an annual basis or when their income changes, using VA Form 10-10EZR. Should there be any change to your enrollment status, you will be notified in writing.

Can I request a Veterans Identification Card and/or an appointment before my enrollment is confirmed?

Yes. If you are applying in person at any VA medical center, you can have your picture taken for the Veterans Identification Card and/or request an appointment for medical care at the same time you apply for enrollment. Additionally, you can indicate on the VA Form 10-10EZ if you desire an appointment and when your application is processed at the medical center, an appointment will be scheduled for you. You will be notified in writing of the appointment and your eligibility for medical care. Once your enrollment has been verified the identification card will be mailed to you, usually in 5-7 days after your enrollment has been verified. For Veterans 50% or more disabled from service-connected conditions and Veterans requesting care for a service-connected disability, those appointments have a higher priority (see Enrollment Priority Groups on pages 13-14) and will be scheduled within 30 days of the desired date. Veterans may be seen at VA facilities for emergency care while pending verification.

What if I cannot keep an appointment?

VA asks that you help us provide timely service. If you cannot keep your appointment, please notify your facility as soon as possible so they can schedule another appointment for you, and use your cancelled appointment slot for another Veteran.

...a Veteran may want to consider the flexibility afforded by enrolling in both VA and Medicare.



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 a VA provider and a private community provider, it is important for your health and safety that your care from both providers be coordinated, resulting in one treatment plan (co-managed care). Please be aware that our authority to pay for non-VA care is extremely limited (see pages 20 and 21). You may, however, elect to use your private health insurance benefits as a supplement for your VA health care benefits.

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 the Enrollment Office for assistance in transferring your records and establishing a new appointment.

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

When you enroll, 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 any time. Simply discuss this with your primary care doctor. Your primary care doctor will coordinate your request with the Veterans Service Center at your local health care facility and make the change for you.

What income is counted for the Financial Assessment (Means Test) & is family size considered?

VA considers your previous calendar year's gross household income and net worth. This includes the earned and unearned income and net worth of your spouse and dependent(s). Earned income is usually wages you receive from working. Unearned income can be interest earned, dividends received, money from retirement funds, Social Security payments, annuities or earnings from other assets. The number of persons in your family will be factored into the calculation to determine the applicable income threshold—both the VA national income threshold and the income threshold for your geographic region.

What is a geographic income threshold?

By law, VA is required to identify Veterans who are required to defray the cost of medical care. Those Veterans whose income falls between the VA means test limits and the VA national geographic income threshold for the Veteran's locale will have their inpatient medical care copays reduced by 80%.

For those Veterans who have more than one residence, which address is used for means testing under the geographically-based income thresholds?

The address used to determine your geographically-based income threshold is your permanent address and typically is the location where you declare residency for voting and tax purposes. To view geographic income thresholds, visit www.va.gov/healtheligibility/library/pubs/gmtincomethresholds.

How frequently are the VA national income thresholds updated?

VA national income thresholds, used for the Financial Assessment as well as for geographic adjustments for high cost-of-living areas, are updated annually. To view the current income thresholds, visit www.va.gov/healtheligibility/library/annualthresholds.asp.

Does Income Verification have access to my income tax return?

No, VA does not have access to your tax return. The Internal Revenue Service (IRS) and the Social Security Administration (SSA) share earned and unearned income data reported by employers and financial institutions.

As a Combat Veteran, will I be required to provide financial information and be billed?

No. Combat Veterans are not required to provide their financial information to determine their enrollment priority. However, they are encouraged to complete a financial assessment to determine if they are responsible for co-pays for care or medications unrelated to their combat service.

If I decline to provide income and agree to make co-pays, will you still verify my income?

No, if you have agreed to make co-pays for care, you are not required to provide your income information, and we will not make any further attempts to verify your income for that year. However, Veterans who have no special eligibility and decline to provide income information are denied enrollment.

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

Your co-pay status will be changed from co-pay exempt to co-pay required. 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.

What if I receive a bill and cannot pay?

If you are unable to pay your bill, you should discuss the matter with the Revenue Office at the VA health care facility where you received your care. There are four possible options that may be available to you:

Hardship Determination—If a Veteran's current year income is substantially reduced from the prior year. Future exemption from medical and hospital care co-pays for a determined period of time. (Must see Enrollment Coordinator for Hardship consideration.)

Waiver—If there has been a significant change in income or significant expenses for medical care for the Veteran or other family members, funeral arrangements or Veteran educational expenses. Waiver is for past debts only.

Offer in Compromise—Offer for past debts only and acceptance of a partial payment in settlement and full satisfaction of debt.

Repayment Plans—Payment of past debt generally over a period of 12 months.

You must contact the facility at which you received the care to request one of these options.



VA HEALTH CARE ENROLLMENT PRIORITY GROUPS

Upon receipt of a completed application, the Veteran's eligibility will be verified. Based on his/her specific eligibility status, he/she will be assigned to one of the following priority groups. The priority groups range from 1 through 8 with Priority Group 1 being the highest priority and Priority Group 8 the lowest.

Priority Group 1

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

Priority Group 2

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

Priority Group 3

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

Priority Group 4

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

Priority Group 5

Non service-connected Veterans and non-compensable service-connected Veterans rated 0% disabled whose annual income is below the established VA Means Test thresholds
Veterans receiving VA pension benefits
Veterans eligible for Medicaid benefits

Priority Group 6

World War I Veterans
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 exposed to the defoliant Agent Orange while serving in the Republic of Vietnam between 1962 and 1975
Veterans of the Persian Gulf War that served between August 2, 1990 and November 11, 1998
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 5 years post discharge
- Veterans discharged from active duty before January 28, 2003, who apply for enrollment on or after January 28, 2008 are eligible for this enhanced enrollment benefit through January 27, 2011

Priority Group 7

Veterans with gross household income below the geographically-adjusted income threshold (GMT) for their resident location and who agree to pay copays

Priority Group 8

Veterans with gross household income above the VA national income threshold and the geographically-adjusted income threshold for their resident location and who agrees to pay copays

Veterans eligible for enrollment: Non-compensable 0% service-connected and:

- Sub-priority a: Enrolled as of January 16, 2003, and who have remained enrolled since that date and/or placed in this sub-priority due to changed eligibility status
- Sub-priority b: Enrolled on or after June 15, 2009 whose income exceeds the current VA National Income Thresholds or VA National Geographic Income Thresholds by 10% or less

Veterans eligible for enrollment: Non-service-connected and:

- Sub-priority c: Enrolled as of January 16, 2003, and who have remained enrolled since that date and/or placed in this sub-priority due to changed eligibility status
- Sub-priority d: Enrolled on or after June 15, 2009 whose income exceeds the current VA National Income Thresholds or VA National Geographic Income Thresholds by 10% or less

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

- Sub-priority e: Non-compensable 0% service-connected
- Sub-priority g: Non-service-connected

Frequently Asked Questions

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

A service-connected rating is an official ruling by VA Regional Office that your illness or condition is directly related to your active military service. VA Regional Offices are also responsible for administering educational benefits, vocational rehabilitation and other benefit programs, including home loans. 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.va.gov.

Who does VA consider to be “catastrophically” disabled?

A Veteran who has a permanent, severely disabling injury, disorder or disease that compromises the ability to carry out the activities of daily living to such a degree that he/she requires personal or mechanical assistance to leave home or bed or requires constant supervision to avoid physical harm to self or others (see Catastrophically Disabled on page 7).

CO-PAYS

While many Veterans qualify for cost-free health care services based on a compensable service-connected condition or other qualifying factor, most Veterans are asked to complete an annual financial assessment, to determine if they qualify for cost-free services. Veterans whose income exceed the established income threshold as well as those who choose not to complete the financial assessment must agree to pay required co-pays to become eligible for VA health care services.

Which Veterans Are Not Required to Make Co-pays?

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

- Receiving a Purple Heart Medal, or (may take co-pay test to determine medication co-pay status)
- Former Prisoner of War Status, or (both are free)
- Receiving a Medal of Honor, or (may take a co-pay test to determine medication co-pay status)

Types of Co-pays

Outpatient Co-pays*—based on the highest of two levels of service on any individual day.

Primary Care Services. Services provided by a primary care clinician (lower level of service)

Specialty Care Services. Services provided by a clinical specialist such as:

- Surgeon
- Audiologist
- Cardiologist
- Radiologist
- Optometrist

and specialty tests such as:

- Magnetic Resonance Imagery (MRI)
- Computerized Axial Tomography (CAT) scan
- Nuclear medicine studies (highest level of service)

**There is no co-pay requirement for preventive care services such as screenings or immunizations.*

Medication Co-pays*—applicable to each prescription, including each 30-day supply or less of maintenance medications.

**Includes an annual cap for enrollment priority groups 2 through 6.*

Inpatient Co-pays—in addition to a standard co-pay charge 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 (daily) charge will be assessed for each day of hospitalization.

Long-Term Care Co-pays*—based on three levels of care (see Long-Term Care Benefits on page 23 for definitions).

- Community Living Centers (Nursing Home) Care/Inpatient Respite Care/Geriatric Evaluation
- Adult Day Health Care/Outpatient Geriatric Evaluation/Outpatient Respite Care
- Domiciliary Care

** Co-pays for Long-Term Care services start on the 22nd day of care during any 12-month period—there is no co-pay requirement for the first 21 days. Actual co-pay charges will vary from Veteran to Veteran depending on financial information submitted on VA Form 10-10EC.*

NOTE: There are no co-pays for hospice care provided in any setting.

Annual Changes to Co-pay Rates

Because the co-pay rates may change annually—including the annual cap on medication co-pays—they are published separately. Current year rates can be obtained at any VA health care facility or on the eligibility page on our Web site www.va.gov/healtheligibility/costs.

- Compensable VA service-connected disabilities, or (0-40% service-connected may take co-pay test to determine medication co-pay status)
- Low income, or
- Other qualifying factors, including treatment related to their military service experience.

Some of the Services Exempt from Inpatient and Outpatient Co-pays

- 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 are 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
- Individual or Group Smoking Cessation or Weight Reduction services
- Publicly announced VA public health initiatives, for example, health fairs
- Care potentially related to combat service for Veterans that served in a theater of combat operations after November 11, 1998. This benefit is effective for 5 years after the date of Veteran's most recent discharge from active duty.
- Laboratory and electrocardiograms
- Hospice care

Frequently Asked Questions

I am a recently discharged combat Veteran. Must I pay VA co-pays?

If the services are provided for the treatment of a condition that may be potentially related to your military service in a theater of combat operations, you will not be charged any co-pays. Currently enrolled combat Veterans have an enhanced enrollment health benefit period of five years from their most recent discharge. New enrollees discharged from active duty on or after January 28, 2008, are eligible for this enhanced enrollment health benefit for five years after the date of their most recent discharge from active duty. Combat Veterans who never enrolled and were discharged from active duty between November 11, 1998, and January 27, 2003, may apply for this enhanced enrollment opportunity through January 27, 2011.

Veterans who qualify under this special eligibility are not subject to co-pays for conditions potentially related to their combat service. However, unless otherwise exempted, combat Veterans must either disclose their prior year gross household income OR decline to provide their financial information and agree to make applicable co-pays for care or services VA determines are clearly unrelated to their military service.

How many co-pay charges may be assessed during a single day?

Veterans may be charged no more than one outpatient co-pay per day, regardless of the number of health care providers seen in a single day. The amount of the outpatient co-pay will be based on the highest level of service you received that day. For example, if the Veteran has a specialty care visit and a primary care visit on the same day, the Veteran will be charged only for the specialty care visit because it is a higher level of care. The number of medication co-pays charged depends on the number of each 30-day supply or less of medication filled. Inpatient co-pays are based on both a standard charge for each 90 days of care within a 365-day period as well as a per diem (daily) charge. Together, the inpatient co-pay charges cover all services, including medications. With the exception of medication co-pays for outpatients, long-term care co-pays are a single, all-inclusive charge.

Who qualifies for the annual cap on medication co-pays?

The annual cap on medication co-pays applies to Veterans in Priority Groups 2 through 6 (Priority Group 1 is exempt from ALL co-pays). Because of their higher income, Veterans in Priority Groups 7 and 8 do NOT qualify for the medication co-pay annual cap. For those that qualify, once the annual limit is reached, all subsequent prescriptions filled during the calendar year will be free of the co-pay requirement.

What are the current co-pay rates for VA medical services in 2010?

Outpatient Co-pays

Primary Care Services—services provided by a primary care clinician—\$15

Specialty Care Services—services provided by a clinical specialist—\$50



Inpatient Co-pays

There are two inpatient co-pay rates – the full rate and the reduced rate. The reduced inpatient co-pay rate, which is 80% of the full inpatient rate, applies to Veterans meeting specific income requirements. Both the full inpatient co-pay rate and the reduced inpatient co-pay rate are computed over a 365-day period. Because the Inpatient Co-pay rates change each year, they are published separately and can be found online at www.va.gov/healtheligibility/costs/inpatientco-pay.asp or contact VA at 1-877-222-VETS (8387) for more information.

Recognizing that the cost of living can vary significantly from one geographic area to another, Veterans living in high cost areas may qualify for a reduced inpatient co-pay rate. For more information and frequently asked questions about geographic co-pays, log on to www.va.gov/healtheligibility/library/faqs/gmtfaq.asp. Because the GMT co-pay rates change each year, they are published separately at www.va.gov/healtheligibility/costs/inpatientco-pay.asp, or contact VA at 1-877-222-VETS (8387) for more information.

Medication Co-pays

Currently, there is a \$8 co-pay for each 30-day or less supply of medication provided on an outpatient basis for treatment of a non-service-connected condition for Veterans in Priority Group 2 through 6, unless otherwise exempted. This co-pay is \$9 for Veterans in Priority Group 7 or 8.

Long Term Care Co-pays

Long term care co-pay are based on three levels of care	Inpatient: Up to \$97 per day (Nursing Home, Respite, Geriatric Evaluation)
	Outpatient: \$15 per day (Adult Day Health Care, Respite, Geriatric Evaluation)
	Domiciliary: \$5 per day

What is the co-pay for a 90-day supply of medication?

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

COVERED SERVICES/ACUTE CARE BENEFITS

VA provides a robust Medical Benefits Package of health services that is available to all enrolled Veterans

Standard Benefits

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

- Medical
- 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)

Limited Benefits

The following care services (partial listing) have limitations and may have special eligibility criteria:

- Ambulance Services
- Dental Care
- Durable Medical Equipment
- Eyeglasses
- Hearing Aids
- Home Health Care
- Maternity and Parturition (Childbirth) Services—usually provided in non-VA contracted hospitals at VA expense; care is usually limited to the mother. (VA may furnish health care services to a newborn child of a woman Veteran who is receiving maternity care furnished by VA for not more than seven days after the birth if the Veteran delivered the child in (1) a VA facility, or (2) another facility pursuant to a VA contract for services relating to such delivery.)
- Non-VA Health Care Services

General Exclusions (partial listing)

- Abortions and abortion counseling
- Cosmetic surgery, except where determined by VA to be medically necessary for reconstructive or psychiatric care
- Gender alteration
- Health club or spa membership, even for rehabilitation
- In-vitro fertilization
- Drugs, biological and medical devices not approved by the Food and Drug Administration, unless part of formal clinical trial under an approved research program or when prescribed under a compassionate use exemption
- Medical care for a Veteran who is either a patient or inmate in an institution of another government agency if that agency has a duty to provide the care or services
- Services not ordered and provided by licensed/accredited professional staff
- Special private duty nursing

VA Foreign Medical Program (FMP)

A health care benefits program for U.S. Veterans with VA-rated service-connected conditions who are living or traveling abroad. Foreign benefits are administered by two separate offices, depending on where the health care services are obtained.

Veterans in the Philippines	
Address	E-mail
VA Outpatient Clinic (358/00) 2201 Roxas Blvd. Pasay City 1300 Republic of the Philippines	manlopc.inqry@vba.va.gov
	Fax
	011-632-838-4566

All other countries

Address	Telephone	Fax	Web site
Foreign Medical Program PO Box 469061 Denver CO 80246-9061	303-331-7590	303-331-7803	www.va.gov/hac

To contact FMP online go to www.va.gov/hac/contact (see Foreign Medical Program)

Frequently Asked Questions

Hearing aids and eyeglasses are listed as “limited” benefits. Under what circumstances do I qualify?

VA medical services include diagnostic audiology and diagnostic and preventive eye care services. VA will provide hearing aids and eyeglasses to Veterans who receive increased pension based on the need for regular aid and attendance or being permanently housebound, receive compensation for a service-connected disability, are a former POW or were awarded a Purple Heart. Otherwise, hearing aids and eyeglasses are provided only in special circumstances, and not for normally occurring hearing or vision loss. For additional information, contact the prosthetic representative of your local VA health care facility.

Dental Benefits for Veterans

Dental benefits are provided by the Department of Veterans Affairs (VA) according to law. In some instances, VA is authorized to provide extensive dental care, while in other cases treatment may be limited by law. This Fact Sheet table describes dental eligibility criteria and contains information to assist Veterans in understanding their eligibility for VA dental care.

By law, the eligibility for Outpatient Dental Care is not the same as for most other VA medical benefits. It is categorized in classes. 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:	Through:
Have a service-connected compensable dental disability or condition.	Any needed dental care.	Class I
Are a former prisoner of war.	Any needed dental care.	Class IIC
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. <i>[Please 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].</i>	Class IV
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 DD214 certificate of discharge does not indicate that a complete dental examination and all appropriate dental treatment had been rendered prior to discharge.*	Class II
Have a service-connected non-compensable dental condition or disability resulting from combat wounds or service trauma.	Needed care for the service-connected condition(s). A Dental Trauma Rating (VA Form 10-564-D) or VA Regional Office Rating Decision letter (VA Form 10-7131) identifies the tooth/teeth eligible for care.	Class IIA

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.	Class III
Are actively engaged in a 38 USC Chapter 31 vocational rehabilitation program	Dental care to the extent necessary as determined by a VA dental professional to: <ul style="list-style-type: none"> • 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 if you are placed in discontinued status because of illness, injury or of 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. 	Class V
Are receiving 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.	Class VI
Are an enrolled Veteran who may be homeless and receiving care under VHA Directive 2007-039.	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.	Class IIB

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

For more information about eligibility for VA medical and dental benefits, contact VA at 1-877-222-8387 or www.va.gov/healtheligibility.

Am I limited to a specific number of inpatient days or outpatient visits during a given period of time?

For acute care services (inpatient days of care and outpatient visits), there are no limits.

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

To qualify for routine care at non-VA facilities at VA expense (otherwise known as Fee Basis care), you must first be given written referral. Included among the factors in determining whether such care will be authorized is your medical condition and availability of VA services within your geographic area. VA co-pay may be applicable.

Maternity and Parturition (Childbirth) Services—usually provided in non-VA contracted hospitals at VA expense; care is usually limited to the mother...

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.

An emergency is defined as a condition of such a nature that a prudent layperson would have reasonably expected that delay in seeking immediate medical attention would have been hazardous to life or health. VA may directly refer or authorize the Veteran to receive emergency care at a non-VA facility at VA expense, or VA may pay for emergency care furnished certain Veterans by a non-VA facility without prior VA approval under certain conditions.

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.

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 above, 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 non-service-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 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 which 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, or additional VA compensation or allowances based on the need for regular aid and attendance or by reason of being permanently housebound		√
Any condition for a Veteran of World War I.		√

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 obviate the need for hospital admission for a Veteran in the state of Alaska or Hawaii and US Territories, excluding Puerto Rico		√
Any condition for women Veterans.	√	
Any dental services and 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 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 transportation 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 Veterans	For non-service-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 non-service-connected condition only if all of the following conditions are met:
The Veteran's VA rated service connected disability, or for a non-service-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 disability for which the Veteran was released from active duty	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
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
Any condition of a Veteran who is an active participant in the VA Chapter 31 Vocational Rehabilitation 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 which was interrupted due to such illness, injury, or dental condition	The Veteran is not entitled to care or services under a health plan contract
	The Veteran has no other contractual or legal recourse against a third party that would, in whole or in part, extinguish the Veteran's liability

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

If you meet specific criteria (see Medically Related Travel Benefits on page 5), you are eligible for travel benefits. Travel benefits are subject to a deductible. Exceptions to the deductible requirement are: 1) travel for a compensation and pension examination; and 2) travel by an ambulance or a specially equipped van. Because travel benefits are subject to annual mileage rate and deductible changes, we publish a separate document detailing these amounts each year. You can obtain a copy at any VA health care facility.

LONG-TERM CARE BENEFITS

Standard Benefits

The following long-term care services are available to all enrolled Veterans.

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.

Adult Day Health Care

The adult day health care (ADHC) program is a therapeutic day care program, providing medical and rehabilitation services to disabled Veterans in a combined setting.

Respite Care

Respite care provides supportive care to Veterans on a short-term basis to give the caregiver a planned period of relief from the physical and emotional demands associated with providing care. Respite care can be provided in the home or other non-institutional settings.

Home Care

Skilled home care is provided by VA and contract agencies to Veterans that are home bound with chronic diseases and includes nursing, physical/occupational therapy and social services.

Hospice/Palliative Care

Hospice/palliative care programs offer pain management, symptom control, and other medical services to terminally ill Veterans or Veterans in the late stages of the chronic disease process. Services also include respite care as well as bereavement counseling to family members.

NOTE: There are no co-pays for hospice care provided in any setting.

Financial Assessment for Long-Term Care Services

For Veterans who are not automatically exempt from making co-pays for long-term care services (see Co-pays on page 14), a separate financial assessment (VA Form 10-10EC, APPLICATION FOR EXTENDED CARE SERVICES) must be completed to determine whether they qualify for cost-free services or to what extent they are required to make long-term care co-pays. Unlike co-pays for other VA health care services, which are based on fixed charges for all, long-term care, co-pay charges are individually adjusted based on each Veteran's financial status.

Limited Benefits

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. Among those that automatically qualify for indefinite community living care are Veterans whose service-connected condition is clinically determined to require nursing home care and Veterans with a service-connected rating of 70% or more. Other Veterans may be provided short-term community living care, if space and resources are available.

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. VA may provide domiciliary care to Veterans whose annual income does not exceed the maximum annual rate of VA pension or to Veterans who have no adequate means of support.



Frequently Asked Questions

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 cost-free long-term care or a significant reduction from the maximum co-pay charge.

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

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

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 families 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 possible application for additional VA benefit programs.



ADDITIONAL VA HEALTH BENEFITS

Dependents and Survivors

CHAMPVA—a health care benefits program for:		
Dependents of Veterans who have been rated by VA as having a total and permanent disability.		
Survivors of Veterans who died from VA-rated service-connected conditions, or who at the time of death, were rated permanently and totally disabled from a VA-rated service-connected condition		
Survivors of persons who died in the line of duty and not due to misconduct and not otherwise entitled to benefits under DoD's TRICARE program.		
Address	Telephone	Fax
CHAMPVA PO Box 469063 Denver CO 80246-9063	800-733-8387	303-331-7804
To contact CHAMPVA online	www.va.gov/hac/contact (see CHAMPVA)	
Web site	www.va.gov/hac	

Children of Women Vietnam Veterans Health Care Benefits	
A program designed for women Vietnam Veterans' birth children who are determined by a VA Regional Office to have one or more covered birth defects.	
Address	Telephone
Children of Women Vietnam Veterans PO Box 469065 Denver, CO 80246-9065	888-820-1756
	Fax
	303-331-7807
To contact CWVV online	Web site
www.va.gov/hac/contact (see CWVV)	www.va.gov/hac

Spina Bifida Health Care Benefits	
A program designed for Vietnam Veterans' birth children diagnosed with spina bifida and who are in receipt of a VA Regional Office award for spina bifida benefits.	
Address	Telephone
Spina Bifida Health Care PO Box 469065 Denver CO 80246-9065	888-820-1756
	Fax
	303-331-7807
To contact Spina Bifida online	Web site
www.va.gov/hac/contact (see Spina Bifida)	www.va.gov/hac



September 2010

For more information on VA health care

Telephone (toll-free): 1-877-222-VETS (8387)

Web site: www.va.gov/healtheligibility

To download a copy of this brochure, go to:

www.va.gov/healtheligibility/library/pubs/healthcareoverview