



DEPARTMENT OF VETERANS AFFAIRS
VA Midwest Health Care Network
Veterans Integrated Service Network (VISN 23)

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2004 Copayment Rates

This fact sheet is a supplement to the VA publication, *A Guide to VA Health Care*, dated July 2003. For more information—including who must pay copayments—please refer to the guide’s *Copayment Requirements* section on pages 8 and 9.

Outpatient Services*

- Basic Care Services—services provided by a primary care clinician \$15/visit
- Specialty Care Services—services provided by a clinical specialist such as surgeon, radiologist, audiologist, optometrist, cardiologist, and specialty tests such as magnetic resonance imagery (MRI), computerized axial tomography (CAT) scan, and nuclear medicine studies..... \$ 50/visit

A single copayment amount is charged based on the highest level of service received on any individual day. There is no copayment requirement for preventive care services such as screenings and immunizations.

Medications\$7/prescription
 *Includes an \$840 annual cap for some enrollment priority groups (including each 30-day supply of maintenance medications) dispensed on an outpatient basis

Inpatient Services

- **Inpatient Copayment**\$876 for the first 90 days of care during a 365-day period
 \$438* for each additional 90 days
- **Per Diem Charge**\$10*/day
 *Based on the new geographically-based means testing, lower income veterans who live in high-cost areas may qualify for a reduced charge.

Long-Term Care*

- Nursing Home care/Inpatient Respite Care/Geriatric Evaluation maximum of \$97/day
- Adult Day Health Care/Outpatient Geriatric Evaluation/Outpatient Respite Care maximum of \$15/day
- Domiciliary Care maximum of \$5/day

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