

2011 Copay Requirements at a Glance

	Inpatient (\$10/day + \$1,132 for first 90 days and \$566 after 90 days – based on 365-day period).	Outpatient Care (\$15 Primary Care; \$50 Specialty Care; \$0 for x-rays, lab, immunizations, etc.)	Outpatient Medication (\$8 per 30-day supply PG 2-6) PG 2-6 Calendar Year cap - \$960 (\$9 per 30-day supply PG 7-8, effective July 1, 2010) No Calendar Year cap for PG 7-8	Extended Care Services Institutional NHCU, Respite, Geriatric Eval - \$0-97 per day. Non-Institutional Respite, Geriatric Eval, ADHC - \$15 Domiciliary - \$5
Priority Group 1 (SC 50% or more)	No	No	No	No
Priority Groups 2, 3 (SC 10% - 40%) No medication copay for SC condition or ex-POW or Catastrophically Disabled	No	No	Yes	No
Priority Group 4 No extended care copay if income below pension single rate threshold or if a Veteran is Catastrophically Disabled	No	No	No	Yes
Priority Group 5 No medication or extended care services copay if in receipt of VA pension or income below applicable pension threshold	No	No	Yes	Yes
Priority Group 6 (Combat Veteran, SHAD, SC 0% compensable, ionization radiation, Agent Orange exposure, Southwest Asia service) Copay rules apply if unrelated to PG6 placement	No	No	No	No
Priority Group 7 Inpatient copay is reduced 80% of full rate	Yes	Yes	Yes	Yes
Priority Group 8 Unless income is below applicable pension threshold for medication and extended care services copays	Yes	Yes	Yes	Yes

Basic Business Rule

Cost Free Care and Medication for treatment of Service-Connected (SC) disabilities, SC 50% or more, ex POWs, Catastrophically Disabled Veterans, VA pensioners, and those under Special Authorities (e.g. PG 6, military sexual trauma, nasopharyngeal radium irradiation).

OEF/OIF/OND Combat Veterans Enhanced Eligibility for Health Care Benefits

* Combat Veterans discharged from active duty on or **after** January 28, 2003, are eligible for enrollment in Priority Group (PG) 6 for 5 years following discharge unless eligible for a higher enrollment priority (PG 1-5). After the special eligibility period ends, these Veterans will be reassigned to appropriate PG and subject to copays, if applicable.

* Copays only applicable for PG 6 Combat Veteran enrollees for care related to a condition that is congenital or developmental e.g., scoliosis, existed before military service (unless aggravated by combat service) or has a specific ailment that began after military service, such as a common cold, etc.