



# 2003 Copayment Rates

## Outpatient Services\*

- Ø Primary Care Services—services provided by a primary care clinician. . . . . \$15/visit
- Ø 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

\*Copayment amount is limited to a single charge per visit regardless of the number of health care providers seen in a single day. The copayment amount is based on the highest level of service received. There is no copayment requirement for preventive care services such as screenings, immunizations, and other services that do not require the immediate presence of a physicians.

**Medications** . . . . . \$7/prescription including each 30-day supply of maintenance medications

\*Includes an \$840 annual cap for some enrollment priority groups.

## Inpatient Services

- Ø Inpatient Copayment . . . . . \$840\* for the first 90 days of care during a 365-day period  
\$420\* for each additional 90 days
- Ø 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 inpatient copayment amounts.

## Long-Term Care\*

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