



# 2008 Copay Rates

Effective January 1, 2008

### 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

\* Copay amount is limited to a single charge per visit regardless of the number of health care providers seen in a single day. The copay amount is based on the highest level of service received. There is no copay requirement for preventive care services such as screenings and immunizations.

### Medications

For each 30-day or less supply of medication for treatment of nonservice-connected condition ..... \$8 (Veterans in Priority Groups 2 through 6 are limited to \$960 annual cap)

### Inpatient Services\*\*

Inpatient Copay for first 90 days of care during a 365-day period ..... \$1,024

Inpatient Copay for each additional 90 days of care during a 365-day period..... \$512

Per Diem Charge..... \$10/day

\*\* Based on geographically-based means testing, lower income veterans who live in high-cost areas may qualify for a reduction of 80% of inpatient copay charges.

### 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

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

**Supersedes Fact Sheet 16-1, dated January 2007, which will not be used.  
The information contained in this Fact Sheet expires on December 31, 2008**