



2021 Copayment Rates

Outpatient Services *

Basic Care Services

\$15 / visit

services provided by a primary care clinician

Specialty Care Services

\$50 / visit

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

* 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 and immunizations.

Urgent Care (Community Care)

Veterans must be enrolled in the VA health care system; and received VA care within 24 months of receiving urgent care. An eligible Veteran, as a condition for receiving urgent care provided by VA, must agree to pay the applicable VA copayment.

Note: Urgent Care services provided in VA facilities/CBOC's is not subject to urgent care copayment.

Priority Group(s)	Copayment Amount
1-5	<ul style="list-style-type: none"> • First three visits (per calendar year): \$0 • Fourth and greater visits (per calendar year): \$30
6	<ul style="list-style-type: none"> • If related to a condition covered by a special authority: <ul style="list-style-type: none"> • First three visits (per calendar year): \$0 • Fourth and greater visits (per calendar year): \$30 • If not related to a condition covered by a special authority: <ul style="list-style-type: none"> • \$30 per visit
7-8	<ul style="list-style-type: none"> • \$30 per visit
1-8	<ul style="list-style-type: none"> • \$0 copay for visit consisting of only a flu shot

Medications

Veterans in Priority Groups 2-8, for each 30-day or less supply of medication for treatment of nonservice-connected condition

Tier 1 drugs (preferred generics)	\$5
Tier 2 drugs (non-preferred generics)	\$8
Tier 3 drugs (brand name drugs)	\$11

(Veterans in Priority Groups 2 through 8 are limited to \$700 annual cap)

NOTE: Veterans in Priority Group 1 do not pay for medications

Inpatient Services

Priority Group 8

Inpatient Copay for first 90 days of care during a 365-day period	\$1,484
Inpatient Copay for each additional 90 days of care during a 365-day period	\$742
Per Diem Charge	\$10/day

Priority Group 7

Inpatient Copay for first 90 days of care during a 365-day period	\$296.80
Inpatient Copay for each additional 90 days of care during a 365-day period	\$148.40
Per Diem Charge	\$2/day

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
Spousal Resource Protection Amount	\$130,380

** 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.