



Health Care Benefits Overview

2025 Edition, Vol. 1

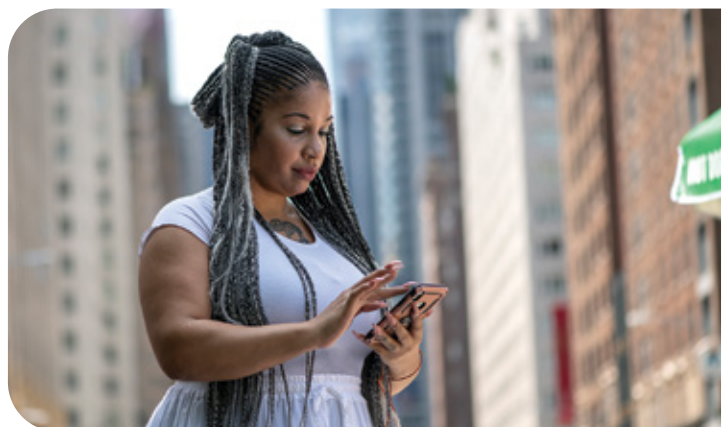


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Table of Contents

Introduction	4
Basic Eligibility for VA Health Care	5
Minimum Duty Requirements	5
Expansion of Health Care Eligibility	5
Benefits of Enrolling.....	7
Reasons to Enroll?.....	7
High Quality Care.....	7
Enrolling in VA Health Care	8
There are numerous ways you can enroll in VA health care.....	8
Enrollment Priority Groups: What are they and how do they work?.....	9
Thank You for Choosing VA.....	14
Once enrolled, you can begin enjoying your VA health care benefits.	14
Types of Veteran ID Cards	14
Schedule an Appointment.....	15
Seamless Care for Traveling and Permanently Relocating Veterans	16
Coverage Under the Affordable Care Act.....	17
VA Copayments	18
Urgent Care (Community Care)	18
Outpatient Care.....	18
Inpatient Care	19
Medications	19
Extended Care Services (Long-Term Care).....	20
Cost-Free Care for Certain Veterans	20
Copayment Options	21
Catastrophically Disabled Veterans	22
VA and Other Health Plans.....	23
Private Health Insurance	23
Medicare Coverage	24
Medical Benefits Package.....	25
Prescription Drugs.....	26
Counseling	26
Rehabilitation.....	26
Meeting Women Veterans' Unique Needs	26

Available Long-Term Care Services	26
Additional Services	27
Advance Care Planning	29
Medically Related Travel Benefits	30
Additional VA Health Benefits Programs	33
Dependents, Survivors and Certain Caregivers	33
Camp Lejeune Water Contamination Benefits.....	34
VA Dental Insurance Program	35
Mental Health Services	35
Getting Care Abroad for your Service-Connected Conditions	38
Caregiver Program	38
Notice of Privacy Practices	38
Services and Tools Available Online.....	39
Your Personal VA Health Information at Your Fingertips.....	40
VA.gov.....	41
Frequently Asked Questions	43

Introduction

This booklet is designed to provide Veterans, their families, and their caregivers with the information they need to understand VA’s health care system: eligibility requirements, health benefits and services available to help Veterans, and to explain copayments that certain Veterans may be charged.

Updated Topics and Benefits:

- There are numerous ways you can enroll in VA health care on 8
- Medication Copayments on 19
- Veterans Transportation Service on 30
- VA Dental Insurance Program on 35
- Veterans Crisis Line on 36

This booklet is not intended to provide information on all the health care benefits and services offered by VA. Additional information is available at the following resources:

- www.va.gov/health-care/
- Toll-free at 877-222-VETS (877-222-8387) Monday through Friday between 8:00 a.m. and 8:00 p.m. ET
- Your local VA health care facility’s Enrollment Office

Basic Eligibility for VA Health Care

If you served in the active military, naval or air service and were separated under any condition other than dishonorable, you may qualify for VA health care benefits. Current and former members of the Reserves or National Guard who were called to active duty (other than for training only) by a Federal Order and completed the full period for which they were called or ordered to active duty, may also be eligible for VA health care.

Minimum Duty Requirements

Most Veterans who enlisted after September 7, 1980, or entered active duty after October 16, 1981, must have served 24 continuous months or the full period for which they were called to active duty to be eligible. This minimum duty requirement may not apply to Veterans who were discharged for a disability incurred or aggravated in the line of duty, were discharged for a hardship, or received an "early out." Since there are many other exceptions to the minimum duty requirements, VA encourages all Veterans to apply to determine their enrollment eligibility.

Returning Servicemembers (OEF/OIF/OND)

Every VA medical facility has a team ready to welcome OEF/OIF/OND Servicemembers and help coordinate their health care and other services. For more information about the various programs available for recently returned Servicemembers, visit the Post-9/11 Transition and Case Management site at www.va.gov/post911veterans/.

Veterans who served in a theater of combat operations after September 11, 2001, have a special period of health care eligibility for up to 10 years after their discharge. In the case of multiple deployments, the 10-year enrollment period begins on the most recent discharge date. This special eligibility includes cost-free health care services and nursing home care for conditions possibly related to military service and enrollment in Priority Group 6 for 10 years from their date of discharge or release from active duty, unless they are eligible for enrollment in a higher priority group.

Combat Veterans who enroll with VA during the 10 years after their discharge will continue to be enrolled even after their enhanced eligibility period ends, although they may be shifted to a lower Priority Group, depending upon their income level, and be required to make applicable copayments. Additionally, for care not related to combat service, copayments may be required, depending on their financial assessment and other special eligibility factors. Combat Veterans who do not enroll during their enhanced period of eligibility may qualify for VA health care enrollment based on a VA-rated service-connected condition, other special eligibility factors, or means testing. VA encourages all Veterans to apply to determine their enrollment eligibility.

Expansion of Health Care Eligibility

The PACT Act of 2022, (Public Law 117-168) Section 103, expanded health care for three specific cohorts of toxic-exposed Veterans, and Veterans supporting certain overseas contingency operations.

Cohort 1: Veterans who participated in a toxic exposure risk activity (TERA), as defined by law, while serving on active duty, active duty for training, or inactive duty training. To view a list of military exposures that may have occurred during your military service, visit www.publichealth.va.gov/exposures/.

Cohort 2: Veterans who performed active military, naval, air, or space service while assigned to a duty location in (including airspace above) during specific periods listed below:

On or after August 2, 1990, in the following countries: Bahrain, Iraq, Kuwait, Oman, Qatar, Saudi Arabia, Somalia, or the United Arab Emirates.

On or after September 11, 2001, in the following countries: Afghanistan, Djibouti, Egypt, Jordan, Lebanon, Syria, Yemen, Uzbekistan, or any other country determined relevant by VA.

Note: VA has not determined any other country relevant at this time under this cohort.

Cohort 3: Veterans who were deployed in support of Operation Enduring Freedom, Operation Freedom's Sentinel, Operation Iraqi Freedom, Operation New Dawn, Operation Inherent Resolve, and Resolute Support Mission.

Under this new authority, eligible Veterans will be assigned to Priority Group 6, unless eligible for assignment to a higher priority group. Eligible Veterans can receive medical care and services (including mental health services and counseling), and nursing home care through VA.

NOTE: To qualify for VA health care benefits, Veterans must meet the minimum duty requirements.



Benefits of Enrolling

VA offers a variety of health care services from basic primary care to nursing home care for eligible Veterans. Refer to Medical Benefits Package on 25 for a list of benefits and services.

VA is America's largest integrated health care system, serving more than 6 million Veterans each year. Services VA is unable to provide in-house or timely may be referred to an in-network community provider in which your cost, if any, will be the same as if you had been seen by VA providers.

Reasons to Enroll?

- VA health care meets the minimum essential coverage requirements under the Affordable Care Act (ACA).
- Medical care rated among the best in the U.S.
- No open season or waiting period for health care coverage. Veterans can apply for VA health care enrollment at any time.
- No enrollment fee, monthly premiums, or deductibles. Many Veterans have no out-of-pocket costs. Some Veterans may have to pay copayments for health care or prescription drugs.
- More than 1,700 VA medical facilities are available. Enrolled Veterans who are traveling or spending time away from their preferred facility can obtain care at any VA health care facility across the country without having to reapply.
- Freedom to use other plans with your VA health care, including Medicare, Medicaid, or private insurance. TRICARE and CHAMPVA can also be used for VA services, if electing to be seen under that benefit.
- VA offers a comprehensive medical benefits package that is generally available to all enrolled and eligible Veterans.

High Quality Care

VA is committed to providing the high quality, effective health care Veterans have earned and deserve. VA has established a record of safe, exceptional care that is consistently recognized by independent reviews, accreditation organizations and experts. VA improves the quality of health care by leveraging new technologies, research and relationships with other health care organizations. For more information, visit www.accesstocare.va.gov.

Medical Care Abroad for Veterans with a Service-Connected Disability

Veterans with a VA-rated service-connected condition, or disability associated with and held to be aggravating a VA-rated service-connected disability; or receiving certain care to participate in a rehabilitation program under 38 U.S.C., chapter 31, can receive treatment for that condition, even in a foreign country (refer to Getting Care Abroad for your Service-Connected Conditions on 38).

Enrolling in VA Health Care

There are numerous ways you can enroll in VA health care.

Online

Veterans can fill out the application online at www.va.gov/health-care/apply/application/ and electronically submit it to VA for processing. VA will search for your military service information through its electronic information systems and contact you for supporting documents if unable to verify your military service.

By Phone

Veterans can complete applications for enrollment in VA health care by telephone. To apply, call 877-222-VETS (877-222-8387) Monday through Friday between 8:00 a.m. and 8:00 p.m. ET. VA staff members will collect the necessary information and process the application for an enrollment determination.

By Mail

The application form can be downloaded from www.va.gov/health-care/how-to-apply/. Once completed and signed, mail the form to:

Health Eligibility Center
Enrollment Eligibility Division
PO Box 5207
Janesville, WI 53547-5207

In Person

You can apply at any VA health care facility. To find a facility near you, visit VA's directory at www.va.gov/directory.

Select Where You Want to Receive Your Care

As part of the enrollment process, Veterans will be given the opportunity to select the VA Health Care System or Community Based Outpatient Clinic (CBOC) where they prefer to be seen. To find a facility near you, visit VA's directory at www.va.gov/directory.

Financial Reporting Requirements

While many Veterans qualify for enrollment and cost-free health care services, based on a compensable service-connected condition or other qualifying factors, certain Veterans will be asked to complete a financial assessment at the time of enrollment to determine their eligibility for cost-free medical care, medications and/or travel benefits. The assessment is based on the previous calendar year's gross household income of the Veteran, spouse, and dependents, if any. This financial information may also be used to determine the Veteran's enrollment priority group placement. Some Veterans may be required to pay a copayment for treatment of their nonservice-connected conditions and care that requires a stay of one or more days in a VA medical facility.

For more information, visit Your Health Care Costs at www.va.gov/health-care/about-va-health-benefits/cost-of-care/, call 877-222-VETS (877-222-8387) Monday through Friday between 8:00 a.m. and 8:00 p.m. ET or contact the Enrollment Coordinator at your local VA medical facility.

Note: Enrolled Veterans are not required to provide their financial information on an annual basis. Once enrolled, VA uses information from the Internal Revenue Service (IRS) and Social Security Administration (SSA) to keep your enrollment financial information up-to-date. This reduces the burden on you to provide this information annually.

Enrollment Priority Groups: What are they and how do they work?

VA administers its medical benefits through a patient enrollment system. The enrollment system is based on Priority Groups (PGs) to ensure health care benefits are readily available to all enrolled Veterans. If a Veteran is eligible for more than one PG, VA will always place them in the highest priority group that they are eligible for.

Priority Group 1

- Veterans with combined service-connected disabilities rated by VA as 50% or more disabling.
- Veterans determined by VA to be unemployable due to service-connected disabilities.
- Veterans who have been awarded the Medal of Honor (MOH).

Priority Group 2

- Veterans with combined service-connected disabilities rated by VA as 30% or 40% disabling.

Priority Group 3

- Veterans who are former Prisoners of War (POWs).
- Veterans who have been awarded a Purple Heart medal.
- Veterans whose discharge was for a disability incurred or aggravated in the line of duty.
- Veterans with service-connected disabilities rated by VA as 10% or 20% disabling.
- Veterans whose disability compensation is suspended due to the receipt of military retired pay.
- Veterans receiving compensation at the 10% rate based on multiple non-compensable service-connected disabilities that clearly interfere with normal employability
- Veterans who have been awarded special eligibility classification under Title 38, U.S.C., 1151, "benefits for individuals disabled by treatment or vocational rehabilitation."

Priority Group 4

- Veterans who receive aid and attendance (A&A) or housebound benefits from VA.
- Veterans who have been determined by VA to be catastrophically disabled.

Priority Group 5

- Veterans with an annual household income below VA's national and geographically-adjusted income limit who are non-service-connected (NSC) or non-compensable 0% service-connected (SC).
- Veterans who receive VA pension benefits.
- Veterans who are eligible for Medicaid programs.

Priority Group 6

- Veterans with a compensable 0% service-connected disability.
- Radiation-exposed Veterans.
- Vietnam-era Herbicide Veterans.
- Toxic-exposed Veterans.
- Toxic-exposed risk activity Veterans.
- World War II Veterans.
- Persian Gulf Veterans.

- Camp Lejeune Veterans
- “Covered Veterans” under 38 U.S.C. § 1119(c).
- Combat-Theater Veterans

Note: Combat Veterans will be assigned to PG 6 for an enhanced enrollment period of up to 10 years, then placed in the appropriate priority group.

Priority Group 7

- Veterans with gross household income below the geographically-adjusted VA income limit for their residence.

Priority Group 8

- Veterans with gross household incomes above the VA income limits and the geographically-adjusted income limits for their residence.
- **Veterans eligible for enrollment:** Veterans who are rated with a non-compensable 0% service-connected disability and are:
 - **Sub-priority a:** enrolled as of January 17, 2003, and who have remained enrolled since that date and/or were placed in this sub-priority due to changed eligibility status.
 - **Sub-priority b:** enrolled on or after June 15, 2009, and whose income exceeds the current VA income limits or the geographically-adjusted VA income limits by 10% or less.
- **Veterans eligible for enrollment:** Veterans who are nonservice-connected and:
 - **Sub-priority c:** enrolled as of January 17, 2003, and who have remained enrolled since that date and/or were placed in this sub-priority due to changed eligibility status.
 - **Sub-priority d:** enrolled on or after June 15, 2009, and whose income exceeds the current VA income limit and geographic income limit by 10% or less.
- **Veterans not eligible for enrollment:** Veterans whose income exceeds VA’s income limit by more than 10%:
 - **Sub-priority e:** non-compensable 0% service-connected **Note:** May receive care for their SC condition.
 - **Sub-priority g:** nonservice-connected.

Appealing Decisions

Veterans may appeal any decision regarding VA health care benefits or other VA services by providing new evidence or information for reconsideration. For more information regarding Appeals and options under the Appeals process, visit www.va.gov/decision-reviews or call 800-827-1000.

Dual-Eligibility

Some enrolled Veterans may also be eligible for health care benefits through TRICARE or CHAMPVA. The Dual-Eligible Veteran must elect which benefit is being used for a date of service and will sign an affirmation form prior to care if electing to use their TRICARE or CHAMPVA benefit. If TRICARE is selected, there will be no copayment but cost shares may apply. If CHAMPVA is selected, no cost shares or copayments apply, if seen within VA.

VA Community Care

VA provides care to eligible Veterans through community providers when VA cannot provide the care needed. Receiving care in the community is based on specific eligibility requirements, availability of VA care, and the needs and circumstances of the Veteran.

For more information about Community Care for Veterans, visit www.va.gov/communitycare/.

Urgent Care in the community

VA offers urgent care services to eligible Veterans at VA medical facilities or at in-network urgent care clinics for minor injuries and illnesses such as cold, strep throat, sprained muscles, skin and ear infections, or other conditions that are not life-threatening. To be covered by this benefit, you must be enrolled in the VA health care system and have received care through VA from either a VA or community health care provider within the 24 months prior to seeking urgent care. This benefit does not require preauthorization.

Eligible Veterans can seek care from an in-network urgent care facility or walk-in retail health clinic. Not all urgent care facilities or walk-in retail health clinics are in VA's community provider network.

Emergency Care

During a medical or mental health emergency, VA encourages Veterans to seek immediate medical attention without delay. Veterans do not need to check with VA before calling for an ambulance or going to an emergency department. In most instances eligible Veterans can receive VA-authorized emergency care at an in-network facility if VA is notified of the emergent event within 72 hours of the start of care. It is important that your visit to a community emergency room be reported to VA as soon as possible because it allows VA to assist in coordinating your care or transfer, and it helps ensure that administrative and clinical requirements for VA to pay for the care are met. To locate an in-network emergency provider near you, go to www.va.gov/find-locations/.

Ask your Emergency Provider to Report Your Emergency Treatment to VA.

Providers should report your emergency treatment through VA's Emergency Care Reporting (ECR) portal, <https://EmergencyCareReporting.CommunityCare.va.gov>, or by calling 844-72HRVHA (844-724-7842).

Reporting your emergency treatment through ECR will alert the local VAMC of your care and care coordination should proceed. If you have an urgent or emergent need for transfer or to coordinate care, contact the local VA medical facility.

Veterans, someone acting on the covered Veteran's behalf, or the eligible entity or provider can also report episodes of emergency care to the appropriate VA official at the nearest VA facility. However, VA only needs to be notified once.

Emergency Care 72-Hour Notification

In-network community providers should report to VA instances of a Veteran presenting to a community emergency room within 72 hours of the start of emergent care. Out-of-network providers are encouraged to notify VA as soon as possible.

Providers, Veterans, or someone acting on the covered Veteran’s behalf can utilize any one of the following options to report emergency services:

- **Online:** Emergency Care Reporting (<https://emergencycarereporting.communitycare.va.gov>)
- **Phone:** 844-72HRVHA (844-724-7842), or
- **In-person:** Appropriate VA official at the nearest VA medical facility.

VA Payment for Service-connected Emergency Care

Since payment may be limited to the point when your condition is stable enough for you to be transferred to a VA facility, you or your representative should notify VA within 72 hours of admission by calling 844-72HRVHA (844-724-7842). Once notified, VA staff will assist you or your representative in coordinating necessary care or transfer, and in understanding eligibility and how eligibility relates to services provided in the community.

The emergency is deemed to have ended when a VA provider has determined that, based on sound medical judgment, you could be transferred from the community facility to a VA medical facility.

VA may pay for your community emergency care:

If you are:	Then:
Service-connected	• VA may pay for your: • Community emergency care for a VA rated service-connected disability, or • Non-service-connected condition associated with and held to be aggravating your service-connected condition, or • Treatment to make possible your entrance into a training course or to prevent interruption of a training course if you are an active participant in the 38 U.S.C. Chapter 31 Veteran Readiness and Employment (VR&E) program, or • Care if you are rated as having a total disability permanent in nature (P&T) resulting from your service-connected disability, or • Care for other approved reasons.

VA Payment for Non-service-connected Emergency Care

VA may pay for emergency care provided in a community facility for treatment of a nonservice-connected condition only if all the following conditions are met:

If you are:	Then:
Non-service-connected	• The episode of care cannot be paid under another VA authority • Based on an average knowledge of health and medicine (prudent layperson standard), it could be reasonably expected that a delay in seeking immediate medical attention would have been hazardous to your life or health • A VA or other federal facility/provider was not feasibly available • You were enrolled in the VA health care system and received medical services under the authority of 38 U.S.C. Chapter 17 within a 24-month period preceding the community emergency care • You are financially liable to the health care provider for the emergency care • The services were furnished by an emergency department or similar facility that provides emergency care to the public • You have no coverage under a health plan contract that would fully extinguish the medical liability for the emergency treatment • You have no contractual or legal recourse against a third party that would, in whole, terminate your liability



Thank You for Choosing VA

Once enrolled, you can begin enjoying your VA health care benefits.

New enrollees will receive a Welcome to VA telephone call from VA staff and a personalized Veterans Health Benefits Handbook in the mail. During that call, we can answer many of your initial questions, provide information regarding your health benefits and other services provided through VA and schedule your initial VA health care appointment. The handbook will detail your VA health care benefits information, based on your specific eligibility factors, in an organized, easy-to-read format. It also includes information on your preferred facility, copayment responsibilities, how to schedule appointments, ways to communicate treatment needs and more. For more information, visit www.va.gov/health-care/.

Update your Personal Information with All VA Organizations

While you are enrolled, it is important to update or report changes to your address, phone number, email, name, and health insurance. Keeping your information accurate allows VA to better inform you of updates to benefits and services. Therefore, you will need to notify each VA organization of your demographic and personal information changes.

Types of Veteran ID Cards

VA offers two types of identification cards you can use to verify you are a Veteran. Learn about them below:

Veteran Identification Card

The Veteran Identification Card (VIC) is a form of photo ID that is available to Veterans not eligible for enrollment and VA health care and may be used to obtain promotional discounts and other services offered to Veterans at many restaurants, hotels, stores, and other businesses.

For more information about the VIC and to apply, visit www.va.gov/records/get-veteran-id-cards/vic/.

Veteran Health Identification Card

VA issues enrolled Veterans a Veteran Health Identification Card (VHIC) for use at VA health care facilities. The VHIC is used as proof of identity and to check-in for appointments at VA health care facilities. While the VHIC is not required to receive health care, VA recommends all enrolled Veterans request one.

To obtain a VHIC:

Visit your local VA health care facility and have your photo taken. You will be required to provide one valid photo ID (driver's license, passport or other federal, state, or local photo ID with your current address). If the address is not on your photo ID, you can provide separate documentation to verify your address. Acceptable address documents include:

- Electric bill
- Cable bill
- Voters Registration card

If you live in the U.S., you should get your VHIC in the mail within 10 business days.

If you live outside the U.S., you should get your VHIC in the mail within 30 business days.

Through the VHIC self-service portal located at <https://eauth.va.gov/accessva/>

- Select “I am a Veteran” and
- Select the “VHIC” button

Authentication will be required using of the following:

- ID.me
- Login.gov, or
- DS login

When applying for a VHIC outside of the US and US Territories

To apply for a VHIC when outside of the US and US Territories, complete the following:

On the Verify your Identity screen, select I don't live in the United States. You will be directed to join a video call with an ID.me a video chat agent. Once routed to the video chat agent, users will need to physically present:

- Two (2) primary identity documents, OR
- One (1) primary and (2) at least one secondary identity documents.

ID.me supports international phone numbers for Multi-Factor Authentication (MFA). There is a drop-down option in MFA to select an international phone number.

Note: A list of Primary and Secondary documents can be found at: <https://help.id.me/hc/en-us/articles/360017833054-Primary-and-secondary-identification-documents>.

For more information about the VHIC, visit www.va.gov/health-care/get-health-id-card/ or call 877-222-VETS (877-222-8387) Monday through Friday between 8:00 a.m. and 8:00 p.m. ET. If your VHIC is lost or stolen, replacement cards can be requested by phone, in person, or online.

Schedule an Appointment

You can request a medical appointment when you apply for enrollment. We can also help you schedule your first appointment during your “Welcome to VA” call. An appointment will be made with a VA health care provider, and you will be notified via phone, mail, or text message of the appointment date and time. If you need health care before your scheduled appointment, you can contact the Enrollment Coordinator, the urgent care clinic, or the emergency room staff at your local VA medical facility.

Referral Coordination Teams (RCTs) are an extension of your health care team and will help to coordinate internal/direct and community care appointments.

You Will Be Assigned a Personal Care Team

Every Veteran that enrolls in Primary Care is assigned to a Patient Aligned Care Team (PACT) that will help coordinate and personalize their care. Every PACT includes a primary care provider, nurse care manager, clinical associate, and an administrative clerk. Veterans can expect their PACT to assist with accessing care through face-to-face and virtual modalities across the entire team as well as other integrated services, which are necessary to optimize health and well-being. For more information about PACT, visit www.patientcare.va.gov/primarycare/PACT.asp or contact the Enrollment Coordinator at your local VA medical facility.

Seamless Care for Traveling and Permanently Relocating Veterans

VA wants to ensure your health care is coordinated and seamless. If you know you will be traveling, temporarily relocating (for example, if you live in one state during the winter and another during summer) or permanently relocating, your experience can be enhanced if you contact your VA PACT or specialty care provider(s) four to six weeks before traveling, relocating, or as soon as possible. If you are seen at an alternate VA health care facility while traveling or relocating, that care will be recorded in your electronic medical record for follow-up treatment options with your PACT. When you contact your PACT, be sure to have the following information available:

- Travel destination(s) and temporary/permanent address(es)
- A valid telephone number
- Arrival and departure dates
- Specific care concerns

For more information, contact your PACT or a Traveling Veteran Coordinator at your local VA facility.

Coordinating Care among VA Health Care Facilities

You may receive specialized medical treatments and services in a variety of VA settings – clinic, hospital, emergency room, VA Community Living Center, or your own residence. To manage the different aspects of care effectively, your PACT will use VA's electronic medical record system to ensure the coordination of your care, whether at your preferred site of care or an alternate facility.

For health care services not offered at your local medical facility, you may be able to receive alternative care options in the form of virtual/video, telephone, or in-person care through one of VA's Clinical Resource Hubs or a partnering VA facility. Referral Coordination Teams (RCTs) will discuss all clinically appropriate care options with you at the time of referrals to ensure you are informed of all possible internal/direct and community care options so that you are able to make an informed decision on where you would like to receive your health care.

For more information, contact your PACT at your local VA facility.

Coverage Under the Affordable Care Act

ACA expands access to health care coverage, control health care costs and improve health care quality and care coordination. The ACA does not change VA health care benefits, Civilian Health and Medical Program (CHAMPVA) benefits, or out-of-pocket cost for eligible Veterans or family members.

Three things you should know:

VA wants all Veterans to receive health care that improves their health and well-being.

If you are enrolled in any of these VA health care programs, you have coverage under the standards of the ACA:

- a. Veteran's health care program
- b. Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA).
- c. Spina Bifida health care benefits program

If you are not enrolled in VA health care, you can apply at any time.

Note: VA will mail enrolled Veterans IRS Form 1095-B (Health Coverage), which provides the details of the health care coverage provided by VA for the previous calendar year. For more information about ACA, CHAMPVA and VA health care, visit VA's website at www.va.gov/health-care/about-affordable-care-act/ or call 877-222- VETS (877-222-8387) Monday through Friday between 8:00 a.m. and 8:00 p.m. ET.

Veterans and family members who are not eligible for VA health care and who do not have employer-provided health insurance should access their state's Marketplace to obtain health care coverage by going to www.healthcare.gov/.

VA Copayments

Urgent Care (Community Care)

Veterans may be charged a copayment for urgent care that is different from other VA medical copayments. Copayments depend on the Veteran’s assigned priority group and the number of the Veteran’s urgent care visits in a calendar year.

Copayment charges are billed separately by VA as part of VA’s billing process. There is no limit to the number of times a Veteran can go to an urgent care provider.

Priority Group	Copayment Amount
1-5	• First three visits (per calendar year): \$0 • Fourth and greater visits (per calendar year): \$30
6	• If related to a condition covered by a special authority: • 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: \$30 per visit
7-8	• \$30 per visit
1-8	• \$0 copay for visit consisting of only a flu shot

Outpatient Care

Outpatient care is defined as primary or specialty care that does not require an overnight stay. Copayments for outpatient care are listed in the table (to include authorized Community Care).

Note: Veterans who have a service-connected rating of 10% or higher are not required to pay a copayment for outpatient medical care.

Type of Outpatient Care	Copayment Amount
Primary Care Services	\$15 per 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 per visit

Inpatient Care

Inpatient care occurs when a patient's condition requires admission to a hospital. There are two inpatient copayment rates: the full rate and the reduced rate. Veterans living in high-cost areas may qualify for a reduced inpatient copayment rate (to include Community Care).

Priority Group	Period of Service/Care	Copayment Amount (2023)
7	First 90 days of care during a 365-day period	\$320.00 + \$2 per day charge
7	Each additional 90 days of care during a 365-day period	\$160.00 + \$2 per day charge
8	First 90 days of care during a 365-day period	\$1,600.00 + \$10 per day charge
8	Each additional 90 days of care during a 365-day period	\$800.00 + \$10 per day charge

Note: Veterans who have a service-connected disability rating of 10% or higher are not required to pay a copayment for inpatient medical care.

Medications

Medication copayments are required for each prescription, including each 30-day (or less) supply of maintenance medications prescribed on an outpatient basis for nonservice-connected conditions. This copayment may change annually.

Medication copayments are also charged for all over-the-counter (OTC) medications (like aspirin, cough syrup, and vitamins) that are dispensed from a VA pharmacy. You may want to consider purchasing over-the-counter medications on your own.

Veterans in Priority Group 1 do not pay for medications.

Veterans in Priority Groups 2 through 8 are required to pay for each 30-day or less supply of medication for treatment of nonservice-connected condition (unless otherwise exempt).

Note: The copayment amount depends on the "tier" of the medication and days of supply. There is an annual (January 1 – December 31) medication copayment cap of \$700 for Veterans in Priority Groups 2 through 8.

Outpatient Medication Tier	1-30 Day Supply	31-60 Day Supply	61-90 Day Supply
Tier 1 (preferred generic prescription medicines)	\$5	\$10	\$15
Tier 2 (non-preferred generic prescription medicines and some over-the-counter medicines)	\$8	\$16	\$24
Tier 3 (brand-name prescription medicines)	\$11	\$22	\$33

Extended Care Services (Long-Term Care)

Long-term care copayment is based on three levels of care (refer to Available Long-Term Care Services on 26).

Level of Care	Maximum Copayment Amount
Inpatient Care (Community Living Centers (nursing home care)/Inpatient Respite Care/Inpatient Geriatric Evaluation)	\$97 per day
Outpatient Care (Adult Day Health Care/Outpatient Respite Care/Outpatient Geriatric Evaluation)	\$15 per day
Domiciliary Care	\$5 per 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 on the financial information submitted on VA Form 10-10EC (Application for Extended Care Services).

Cost-Free Care for Certain Veterans

Many Veterans qualify for co-payment exempt health care and/or medications based on one or more of the eligibility criteria:

- Receipt of a Purple Heart
- Receipt of the Medal of Honor
- Former Prisoner of War
- WWII Veterans (inpatient and outpatient care)
- 50% or more compensable VA service-connected disabilities (0-40% service-connected Veterans may take the copay test to determine medication copayment status)
- Care related to a VA-rated, service-connected disability
- Determined to be Catastrophically Disabled by a VA health care provider
- Income below VA’s applicable thresholds
- Special registry examinations offered by VA to evaluate possible health risks associated with military service
- Counseling and care for Military Sexual Trauma
- Compensation and pension examinations requested by the VBA. This is a physical exam to establish service-related illnesses or injuries as part of a determination of a Veteran’s entitlement to compensation and pension benefits
- Care that is part of a VA-approved research project
- Care for conditions related to active duty service at Camp Lejeune for at least 30 days between January 1, 1957, and December 31, 1987
- VA-recommended readjustment counseling and related mental health services
- Treatment for cancer of the head or neck that was caused by nose or throat radium treatments received while in the military
- Breast cancer screening based on toxic exposure

- Participation in individual or group smoking cessation or weight reduction services
- Care received at publicly announced VA initiatives, such as health fairs
- Care that is potentially related to service in a theater of combat operations after
- November 11, 1998; this benefit is effective for 10 years after the date of the Veteran's most recent discharge from active duty
- Laboratory test or Electrocardiograms (EKGs or ECGs)
- Veterans identified as Indian or Urban Indian

Copayment Options

VA offers a wide range of services to support Veterans, including financial assistance options. Veterans who have copayments associated with VA health care are responsible to pay those obligations in a timely manner. If Veterans are unable to pay their VA copayments, VA can help with alternate payment arrangements including repayment plans, waivers or a compromise.

Payments made to VA by a private health insurance carrier may allow VA to offset part or all of a Veteran's VA copayment if insurance information is on file and payable according to plan allowances.

Dual-Eligible Veterans who elect to use their TRICARE benefit for services are subject to TRICARE required cost shares, copayments, and deductibles. These costs cannot be waived by the VA. To find out more about TRICARE first party cost, visit www.tricare.mil/.

IMPORTANT: Once a debt becomes 120 days old, it is referred to the Department of Treasury for collection and VA can no longer accept payments or provide financial assistance.

Four possible Options for Veterans unable to pay assessed copayment charges

Option	Description
Hardship Determination	A hardship determination provides an exemption from outpatient and inpatient copayments for the remaining calendar year. If your projected household income is substantially below your prior year's income, you may request a hardship determination by contacting the local enrollment coordinator at your nearest VA medical center.
Waiver	Veterans can request a waiver of part or all their debt. If a waiver is granted, the Veteran will not be required to pay the amount waived. Veterans may apply online at www.va.gov/manage-va-debt/ , or submit a completed VA Form 5655 (Financial Status Report) to their local VA health care facility, along with an explanation of why the debt would cause a financial hardship. Veterans also may submit in writing a request for a waiver hearing. VA will notify the Veteran of the date, time and place where the hearing will be held. For more information on waivers, call VA customer service at 866-400-1238, Monday through Friday from 8:00 a.m. to 8:00 p.m. ET.

Option	Description
Offer in Compromise	Veterans can apply for a compromise and propose a lesser amount as full settlement of their debt by submitting a request in writing specifying the dollar amount they can pay along with a completed VA Form 5655 (Financial Status Report) to their local VA health care facility. VA Form 5655 can be accessed online by going to www.va.gov/find-forms/ . For more information on compromises, call VA customer service at 866-400-1238, Monday through Friday from 8:00 a.m. to 8:00 p.m. ET. Veterans may also use the Veterans Online Debt Access – the newest way to request debt relief within VA by visiting www.va.gov/manage-va-debt .
Repayment Plans	Veterans can establish a monthly repayment plan if they cannot pay their copayment charges when due by submitting a VA Form 1100 (Agreement to Pay Indebtedness) to their local VA health care facility indicating a proposed monthly payment amount and include the account number and payment stub. For more information on repayment plans, call VA customer service at 866-400-1238, Monday through Friday from 8:00 a.m. to 8:00 p.m. ET.

Catastrophically Disabled Veterans

Veterans determined to be catastrophically disabled by a VA health care provider are enrolled in PG 4 and receive cost-free VA medical care and medications. However, Veterans in this category may be subject to co-payments for extended care (long-term care). To be considered catastrophically disabled, a Veteran must be determined by a VA health care provider to have a severely disabling injury, disorder or disease that compromises their ability to carry out the activities of daily living to such a degree that personal or mechanical assistance is required to leave home or bed, or constant supervision is required to avoid physical harm to themselves or others. Veterans may request a catastrophic disability examination by contacting the Enrollment Coordinator at their local VA health care facility. VA will make every effort to schedule a free examination within 30 days of the request.

VA and Other Health Plans

If you have health coverage other than what is offered through VA, you can continue to use those services through the plan you subscribe to. It is a good idea to inform your VA health care provider if you are receiving care outside of VA as well, so your health care can be coordinated with other providers.

Private Health Insurance

When Veterans have VA health care and other health plans, community health care providers may not bill any other health plan for non-emergent care authorized by VA.

If you have both VA and another health plan and receive emergency care at a community facility for the treatment of a service-connected condition, please indicate to bill the VA. The VA will consider the bill under your Veteran benefits package. Your health insurance should not be billed for service-connected care.

If a Veteran wishes to use their VA benefit in the community, only VA should be billed. VA will bill your OHI, if appropriate, for reimbursement.

There are limitations on VA's ability to provide coverage for emergency care at a community facility when you have other health insurance. If you have other health insurance but the insurance does not fully cover the cost of treatment, VA may pay certain costs for which you are personally liable, unless payment by your insurance provider was denied because you or your medical provider failed to comply with the provisions of your health plan contract or third-party payer; for example, failure to submit a bill or medical records within specified time limits, or failure to exhaust appeals of the denial of payment. VA is required to bill other health plans for medical care, supplies and prescriptions provided for the treatment of Veterans' nonservice-connected conditions. All Veterans applying for VA health care are required to provide information on their health plan coverage, including coverage provided under health plan policies of their spouses, if applicable. The VA health care benefit is NOT considered a health insurance plan. Enrolled Veterans can provide or update their insurance information by:

- Using the VA Form 10-10EZ (Health Benefits Update Form) at www.va.gov/health-care/update-health-information/.
- Calling 877-222-VETS (877-222-8387) Monday through Friday between 8:00 a.m. and 8:00 p.m. ET.
- Presenting their health insurance card to the clinic clerk during check-in.

Medicare Coverage

Creditable Coverage

Enrollment in the VA health care system is considered creditable coverage for Medicare Part D purposes. This means VA prescription drug coverage is at least as good as the Medicare Part D coverage. Since only Veterans can enroll in the VA health care system, dependents and family members do not receive credible coverage under the Veteran's enrollment.

VA does not recommend Veterans cancel or decline coverage in Medicare (or other health care plans) solely because they are enrolled in VA health care. VA does not normally provide care for Veterans' dependents and family members. In addition, Veterans who elect to cancel their Medicare Part B coverage, would not be able to obtain coverage until January of the following year. There is no guarantee that in future years Congress will appropriate sufficient medical care funds for VA to provide care for all enrollment priority groups. This could leave Veterans, especially those enrolled in one of the lower-priority groups, with no access to VA health care coverage. For this reason, having a secondary source of coverage may be in the Veterans' best interest. For more information about health insurance go to www.va.gov/health-care/about-va-health-benefits/va-health-care-and-other-insurance/.

Enrolling in both VA and Medicare can provide Veterans flexibility.

Selecting Medicare Part A coverage comes at no added cost, whereas Part B comes with a monthly premium. Some Veterans may choose to delay enrollment in Part B if they already have other (mainly employer) coverage; however, if a Veteran delays Part B enrollment initially but decides to enroll at a later date, then they would have to pay a monthly penalty to Medicare. In other words, VA health coverage does not protect against having to pay a penalty for Part B, like it does for Part D. Having VA health care does not qualify as "other" coverage for Part B. Veterans should bring their Medicare cards to their next VA appointment to update their private health insurance information.

For more information on Medicare coverage, visit the Health and Human Services Medicare website at www.medicare.gov.

Medical Benefits Package

Your comprehensive VA Health Benefits package includes all the necessary inpatient hospital care, outpatient services and extended care services to promote, preserve or restore your health. VA medical facilities provide a wide range of services, including traditional hospital-based services such as surgery, critical care, mental health care, orthopedics, pharmacy, radiology and physical therapy.

In addition, most VA medical facilities offer medical and surgical specialty services, including audiology and speech pathology, dermatology, dental, geriatrics, neurology, oncology, podiatry, prosthetics, urology and vision care. Some medical facilities also offer advanced services, such as organ transplants and plastic surgery.

Preventive Care Services

- Immunizations/Vaccines
- Periodic health exams
- Routine vision testing and eye-care services
- Maintenance of drug-use profiles, drug monitoring, and drug use education
- Mental health and substance abuse preventive services
- Prevention of musculoskeletal deformity or other gradually developing disabilities of a metabolic or degenerative nature
- Genetic counseling concerning inheritance of genetically determined diseases
- Periodic reexamination of members of high-risk groups for selected diseases and for functional decline of sensory organs and the services to treat these diseases and functional declines
- Health Education Programs

Ambulatory (Outpatient) Diagnostic and Treatment Services

- Primary and Specialty Care
- Emergency care
- Surgical (including reconstructive/plastic surgery because of disease or trauma)
- Mental Health
- Substance Abuse
- Durable medical equipment
- Prosthetic and orthotic devices including eyeglasses and hearing aids (for qualifying Veterans)

Hospital (Inpatient) Diagnostic and Treatment Services

- Medical
- Surgical (including reconstructive/plastic surgery because of disease or trauma)
- Mental Health
- Substance Abuse

Prescription Drugs

Prescription Drugs, including over-the-counter drugs and medical and surgical supplies, are available under the VA national formulary system when prescribed by a VA health care provider.

Counseling

Members of the Veteran's household, including immediate family, legal guardian or the individual in whose household the Veteran certifies an intention to live, may be eligible for consultation, professional counseling, marriage and family counseling, training and mental health services as necessary and appropriate in connection with the Veteran's treatment.

Rehabilitation

Comprehensive rehabilitative services other than vocational services provided under 38 U.S.C. chapter 31.

Meeting Women Veterans' Unique Needs

VA delivers the highest quality health care in a setting that ensures privacy, dignity and sensitivity. Your local VA facility offers a variety of services, including:

- Women-specific health-screening and disease prevention
- Routine gynecologic and fertility treatment
- Reproductive health
- Screening Mammograms
- Pregnancy and delivery services
- Newborn care, post-delivery (date of birth plus seven calendar days after the birth of the child)

Women Veterans are eligible to receive care provided in the community when authorized by VA. Contact your local VA medical facility's Women Veterans Program Manager for more information on available services or call 855-VA-WOMEN (855-829-6636).

Available Long-Term Care Services

The following is a list of standard benefits:

VA Community Living Centers (Nursing Home) Programs

While some Veterans qualify for indefinite Community Living Center (formerly known as nursing home care) services, other Veterans may qualify for a limited time.

Domiciliary Care

Domiciliary care provides rehabilitative and long-term health maintenance care for Veterans who require some medical care but do not require all the services provided in nursing homes. Domiciliary care emphasizes rehabilitation and a return to the community.

Medical Foster Home

Medical Foster Homes are private homes in which a trained caregiver provides services to a few individuals. Some, but not all, residents are Veterans. VA inspects and approves all Medical Foster Homes. Contact your VA social worker or case manager for more information.

State Veterans Homes

State Veterans Homes are facilities that provide nursing home, domiciliary or adult day care. Each state establishes eligibility and admission criteria for its homes. For more information about your State Veterans Home, contact the Veterans home directly or Social Work Service at your local VA facility.

Additional Services

Geriatric Evaluation

Geriatric evaluation is the comprehensive assessment of a Veteran's ability to care for him or herself and his or her physical health and social environment, which leads to a plan of care. The plan could include treatment, rehabilitation, health promotion and social services. These evaluations are performed by inpatient Geriatric Evaluation and Management (GEM) units, GEM clinics, geriatric primary care clinics and other outpatient settings.

Geriatrics and Extended Care

Geriatrics and Extended Care provides services for Veterans who are elderly and have complex needs, as well as Veterans of any age who need daily support and assistance. Veterans can receive care at home, at VA medical facilities or in the community.

Adult Day Health Care

Adult Day Health Care is a program available to Veterans during the day for social activities, peer support, companionship and recreation. The program is for Veterans who need skilled services, case management and help with activities of daily living (such as bathing, getting dressed and preparing meals). Adult Day Health Care can provide respite care for a family caregiver and can help Veterans and their caregivers gain skills to manage the Veterans' care at home.

Respite Care

Respite Care is a service that pays for a person to come to a Veteran's home or for the Veteran to be cared for in a care facility while his or her family caregiver takes a break. Respite Care services may be available up to 30 days each calendar year.

Home Health Care

Home Health Care includes VA's Skilled Home Health Care Services (SHHC), Homemaker and Home Health Aide Services (H/HHA) and Family Caregivers Program. For more information on these programs, visit www.va.gov/health-care/about-va-health-benefits/long-term-care/.

SHHC is a short-term health care service that can be provided to Veterans if they are homebound or live far away from VA. The care is delivered by a community-based home health agency that has a contract with VA. The services of an H/HHA can help Veterans remain living in their own home and can serve Veterans of any age.

VA's Family Caregivers Program provides support and assistance to caregivers of Post-9/11 Veterans and Servicemembers who are being medically discharged. Eligible primary family caregivers can receive a stipend, training, mental health services, travel and lodging reimbursement and access to health insurance if they are not already under a health care plan. For more information, contact your local VA medical facility and speak with a caregiver support coordinator, visit www.caregiver.va.gov/ or call toll-free at 855-260-3274 Monday through Friday between 8:00 a.m. and 8:00 p.m. ET.

Home Telehealth

VA's Home Telehealth, also known as Care Coordination/Home Telehealth, allows the Veteran's physician or nurse to monitor the Veteran's medical condition remotely using monitoring equipment. Veterans can be referred to a care coordinator for Home Telehealth services by any member of their care team. The Home Telehealth program aims to make the patient's home the preferred place to receive care, whenever possible.

Hospice/Palliative Care

Hospice/palliative care is comfort-based care for Veterans who have a terminal condition with six months or less to live. Hospice care provides treatment that relieves suffering and helps to control symptoms in a way that respects your personal, cultural and religious beliefs and practices. Hospice also provides grief counseling to your family. There are no copayments for hospice care provided in any setting.

Application for Long-Term Care Services

Veterans who are not automatically exempt from making copayments for long-term care services must complete VA Form 10-10EC (Application for Extended Care Services) to determine whether they qualify for cost-free services or to what extent they are required to make long-term care copayments. Unlike copayments for other VA health care services, which are based on fixed charges, long-term care copayment charges are adjusted based on each Veteran's financial status. For more information on extended care, visit www.va.gov/health-care/about-va-health-benefits/long-term-care/.

Benefits with Special Eligibility Criteria

While all enrolled Veterans enjoy access to VA's comprehensive medical benefits package, certain benefits may vary depending on each Veteran's unique eligibility status. The following care services (partial listing) have limitations and may have special eligibility criteria:

- Ambulance Services
- Dental Care
- Community Health Care Services
- Emergency Care

Hearing Aids and Eyeglasses

Hearing aids, contact lenses and eyeglasses may be provided to the following enrolled Veterans as authorized in 38 Chapter I CFR 17.149, provided they receive VA care or services:

- Veterans with any compensable, service-connected disability
- Former POWs
- Veterans awarded a Purple Heart
- Veterans in receipt of benefits under 38 U.S.C. 1151 (such as benefits for persons disabled by treatment or vocational rehabilitation)
- Veterans in receipt of increased pension based on the need for aid and attendance (A&A) benefits or because of being permanently housebound (HB)
- Veterans who have a visual or hearing impairment resulting from the existence of another medical condition for which the Veteran is receiving VA care or that resulted from treatment of that medical condition
- Veterans with significant functional or cognitive impairment evidenced by deficiencies in activities of daily living (not including normally occurring visual or hearing impairments)
- Veterans with severe visual or hearing impairment and for whom hearing aids and/or eyeglasses are necessary to ensure their active participation in their own medical treatment
- Veterans with a 0% service-connected hearing disability

Advance Care Planning

Different people want different things when it comes to their health care. Advance care planning ensures that your loved ones and your health care team know what's important to you and what your preferences are for future health care. Your health care team can help you decide what type of advance care planning is right for you, and this might include completing an advance directive or participating in a goals of care conversation.

What is an advance directive?

If you are ever too sick to make health care decisions for yourself, your surrogate will make health care decisions for you. You can name a specific person to be your surrogate in a Durable Power of Attorney for Health Care, which is type of advance directive. That person will be known as your health care agent. If you do not choose a health care agent, your surrogate will be the identified in the following order of priority: Legal Guardian, spouse, adult child, sibling, grandparent, grandchild, close friend.

When deciding on a health care agent, it's best to choose someone you trust and who knows you well because they will be asked to represent you when you can no longer do so. When you choose someone, you should talk to that person to make sure they are willing to be your health care agent and willing to carry out your wishes.

A Living Will is another type of advance directive, and it can help your surrogate and health care team understand what medical and mental health care you would or would not want if you experienced an unexpected illness or emergency in the future. You can only list general preferences about treatments in a Living Will, so it's important to discuss your Living Will with your surrogate and health care team so that they will know how to interpret your preferences in the future.

VA's advance directive is VA Form 10-0137. A member of your health care team can assist you with this form and can answer any questions that you have. You can download the VA advance directive from this website: www.va.gov/find-forms/about-form-10-0137.

What is a goals of care conversation?

Do you have a serious illness or are you at risk of developing one? If so, it's important to think about what matters most to you. A goals of care conversation between you and your health care team can help you think about your values and goals for your current and future care. Based on that conversation your health care team can help you make a specific plan for treatment that will be included in your VA electronic health record.

You might complete an advance directive as part of a goals of care conversation, especially if you want to name a trusted loved one as your health care agent, but your health care team can help you decide if that is right for you.

Advance care planning stories

All Veterans deserve to have their wishes heard and health care preferences honored. The Advance Care Planning Animated Video Series highlights why advance care planning is important for everyone – whether healthy or ill, young or old, receiving health care in a clinic, hospital or at home. You can access the video series at www.ethics.va.gov/for_veterans.asp.

Medically Related Travel Benefits

Veterans Transportation Service

The Veterans Transportation Service (VTS) may provide no cost transportation to qualifying Veterans and other VHA beneficiaries to and from participating VA medical facilities and VA-authorized Community Care appointments, with a priority given to those with the greatest need and urgency.

VTS improves Veterans access to care through convenient, safe and reliable transportation. For transportation to your VA health care appointments, visit www.va.gov/healthbenefits/vtp/map.asp to view a list of VTS sites and points of contact in your area to assist you.

Beneficiary Travel

The Beneficiary Travel (BT) program reimburses eligible Veterans for costs incurred while traveling to and from VA medical facilities and VA -authorized Community Care appointments. The BT program may also provide pre-approved transportation solutions and arrange special mode transportation (SMT) at VA's request.

Veterans may be eligible for common carrier transportation (such as bus, taxi, airline or train) under certain conditions.

- Veterans may qualify for mileage reimbursement or SMT for VA health care if they:
- Have a service-connected disability rating of 30% or more,
- Are traveling for treatment of a service-connected rating,
- Are receiving a VA pension,
- Are traveling for a scheduled C&P examination not paid by other means
- Have income below the maximum annual VA pension rate

- Qualify under Section 250 of Public Law 114-223, effective October 1, 2016:
 - Veterans with vision impairment
 - A spinal cord injury or disorder
 - With a double or multiple amputation
 - Whose travel is in connection with care provided through a special disability rehabilitation program of the VA (including programs provided by spinal cord injury centers, blind rehabilitation centers and prosthetics rehabilitation centers) if such care is provided on an inpatient basis or during a period in which the VA Secretary provides the Veteran with temporary lodging at a facility of the Department to make such care more accessible.
- Eligibility under 38 CFR 17.148 – Service Dog
 - Veterans traveling to obtain, train and return with a service dog prescribed by a VA clinical team and approved under by VA.
 - Includes travel if necessary for retraining of the service dog or to obtain a replacement service dog for one currently receiving benefits for other individuals that may be eligible for travel benefits include:
 - Beneficiaries of other federal agencies, when authorized by that agency
 - Allied beneficiaries when authorized by appropriate foreign government agency
- Certain non-Veterans when related to care of a BT eligible Veteran:
 - Caregivers under the National Caregivers Program
 - Medically required attendants
 - VA transplant care donor and support person
 - Other claimants subject to the current regulatory guidelines

Conditions for Special Mode of Transport (SMT) Approval

Veterans may be eligible for SMT if they met all the following criteria:

- Meet one of the administrative eligibility criteria previously noted above, and
- A VA clinician determines they need an ambulance or a specially equipped van, and
- The travel is preauthorized unless in an emergency where delay would be hazardous to life or health

SMT is defined as:

- An ambulance
- Ambulette (stretcher)
- Air ambulance
- Wheelchair van, or
- Other transportation specifically designed to transport disabled persons

SMT transportation does not include modes not specifically designed to transport disabled persons such as:

- Bus, subway or taxi
- Train
- Airplane, or
- A modified privately-owned vehicle with special adaptive equipment and capable of transporting disabled persons.

Mileage reimbursement at the of 41.5 cents per mile, per 38 USC 111 may be claimed to offset the expense of travel when the Veteran drove to a qualified appointment. Reimbursement for the actual cost of common carrier travel (bus, train, taxi, etc.) is available in some circumstances.

For more information on travel benefits, visit www.va.gov/health-care/get-reimbursed-for-travel-pay/.

How to Apply for Your Beneficiary Travel

Veterans, caregivers, and beneficiaries who are eligible for reimbursement of mileage and other travel expenses to and from approved health care appointments can enter claims in the new Beneficiary Travel Self-Service System (BTSSS). BTSSS simplifies the current claim submission process for beneficiaries and ensures timely processing and payment of travel reimbursements.

- Submit claims online 24/7, 365 days a year
- Track the status of submitted claims
- Reduce processing time for submitted claims
- Use self-help tools to make claim submissions fast and easy
- Visit AccessVA, select submit a travel claim, and logon using an ID.me, My HealtheVet, LOGIN.gov account.

Veterans, caregivers, and beneficiaries can also file a claim by completing a VA Form 10-3542 (Veteran/Beneficiary Claim for Reimbursement of Travel Expenses).

For additional assistance, contact your local VA medical facility Beneficiary Travel Office, or refer to www.va.gov/resources/how-to-file-a-va-travel-reimbursement-claim-online/.

Travel benefits are subject to a deductible. Exceptions to the deductible requirement include:

- Receipt of a VA pension
- Travel for a C&P exam
- Travel by an ambulance or a specially equipped van
- When annual income does not exceed certain limits

For more information on travel benefits, visit www.va.gov/health-care/get-reimbursed-for-travel-pay/.

Additional VA Health Benefits Programs

Dependents, Survivors and Certain Caregivers

CHAMPVA

CHAMPVA is a health care benefits program for:

- Dependents of Veterans who have been rated by VA as having a service-connected total and permanent disability, or
- Survivors of Veterans who died from a VA-rated service-connected condition(s) or who, at the time of death, were rated permanently and totally disabled from a VA-rated service-connected condition(s), or
- Survivors of persons who died in the line of duty, not due to misconduct, or
- Certain Caregivers who do not have Other Health Insurance (OHI), including Medicare and Medicaid, who are not otherwise eligible for medical care under DoD's TRICARE program.

Address	Telephone	Have Questions?
CHAMPVA PO Box 469063 Denver, CO 80246-9063	800-733-8387	https://ask.va.gov/

CHAMPVA online

www.va.gov/COMMUNITYCARE/programs/dependents/champva/index.asp

Children of Women Vietnam Veterans Health Care Benefits

Children of Women Vietnam Veterans is a program designed for women Vietnam Veterans' birth children who are determined by the Veterans Benefits Administration to have one or more covered birth defects.

Address	Telephone	Have Questions?
Children of Women Vietnam Veterans PO Box 469065 Denver, CO 80246-9065	888-820-1756	https://ask.va.gov

Children of Women Vietnam Veterans online

www.va.gov/COMMUNITYCARE/programs/dependents/cwvv/index.asp

Spina Bifida Health Care Benefits

Spina bifida health care benefits is a program designed for Vietnam Veterans', certain Korea Veterans', and certain Thailand service Veterans' birth children who are diagnosed with spina bifida (excluding spina bifida occulta) and who are in receipt of a Veterans Benefit Administration award for spina bifida benefits.

Address	Telephone	Have Questions?
Spina Bifida Health Care PO Box 469065 Denver, CO 80246-9065	888-820-1756	https://ask.va.gov

Spina Bifida online

www.va.gov/communitycare/programs/dependents/spinabifida/index.asp

Camp Lejeune Water Contamination Benefits

Individuals who lived or worked at the U.S Marine Corp Base, Camp Lejeune from the 1950s through the 1980s, may have been exposed to drinking water contaminated with industrial solvents, benzene and other chemicals.

Veterans who served on active duty at Camp Lejeune for at least 30 days between August 1, 1953, and December 31, 1987, may be eligible to receive cost-free VA medical care for the following health conditions:

- Bladder cancer
- Breast cancer
- Esophageal cancer
- Female infertility
- Hepatic steatosis
- Kidney cancer
- Leukemia
- Lung cancer
- Miscarriage
- Multiple myeloma
- Myelodysplastic syndromes
- Neurobehavioral effects – *now includes Parkinson's Disease*
- Non-Hodgkin's lymphoma
- Renal toxicity
- Scleroderma

Veterans who are experiencing other health conditions that they think may be related to contaminated water at Camp Lejeune are encouraged to contact the Veterans Benefits Administration toll-free at 800-827-1000 or online at www.va.gov/disability/how-to-file-claim/ to file a claim. Veterans must still meet the criteria of a Veteran – minimum service time, character of discharge and serving in the active duty military, naval, or air service.

Camp Lejeune Veterans

- Veterans enrolled in VA health care do not need to have one of the 15 health conditions to be eligible to receive VA health care, nor do they need a service-connected disability to be eligible as a Camp Lejeune Veteran
- Veterans already enrolled in VA health care should contact their local VA health care facility to receive care under the law
- Veterans who would otherwise not be eligible due to income limits are eligible if they served on active duty at Camp Lejeune during the specified period
- To determine eligibility, call 877-222-VETS (877-222-8387) for assistance
- Camp Lejeune Veterans are placed in PG6 unless eligible for a higher group
- There are no copayments or third-party billing for any of the 15 Camp Lejeune illnesses

Veterans enrolled in VA health care are eligible to receive care for any condition in the VA's medical benefits package but may be required to pay a copayment or have third-party billing for care not related to the 15 Camp Lejeune-covered illnesses.

Family Members:

The Camp Lejeune Family Member Program (CLFMP) is designed for the family members who resided at Camp Lejeune between August 1, 1953, and December 31, 1987, who are determined by the VA to have one or more of the 15 Camp Lejeune-covered illnesses.

VA will not provide care in VA health care facilities for the family members but will be the last payer of claims for care related to the 15 illnesses in the law. VA will reimburse family members for care for the 15 illnesses received on or after March 26, 2013, but not more than two years prior to the date that VA receives the application for the family member.

Family members must apply for the program at <https://www.clfamilymembers.fsc.va.gov/#start> or by completing VA Form 10-10068 found at www.va.gov/VA_Form_10-10068.pdf and submit receipts for reimbursement.

For more information on eligibility, family members may send a letter to: Department of Veterans Affairs, Financial Service Center, P.O. Box 149200, Austin, TX 78714-9200; call the toll-free CLFMP customer service line at 866-372-1144 or visit www.clfamilymembers.fsc.va.gov/. For more information about Camp Lejeune historical water contamination and to sign up for updates, visit the Military Exposure section on the VHA Office of Public Health website at www.publichealth.va.gov/exposures/index.asp.

The U.S. Marine Corps encourages everyone who lived or worked at Camp Lejeune before 1987 to register to receive notifications regarding Camp Lejeune Historic Drinking Water. To register and for more information, visit <https://clnr.hqi.usmc.mil/clwater/> or call 877-261-9782.

VA Dental Insurance Program

VA would like all Veterans to have access to good dental care; however, VA is limited to providing dental benefits to those Veterans who meet certain eligibility criteria. To help Veterans who are not eligible for VA dental benefits or need more comprehensive dental care, VA offers enrolled Veterans and beneficiaries of CHAMPVA the opportunity to purchase dental insurance at a reduced cost through its VA Dental Insurance Program (VADIP).

VADIP provides eligible individuals the opportunity to purchase discounted dental insurance coverage, including diagnostic services, preventive services, endodontic and other restorative services, surgical services and emergency services. Individuals who enroll in one of the dental insurance plans will pay the entire premium in addition to the full cost of any copayments. Enrollment is voluntary and does not affect eligibility for VA outpatient dental services and treatment.

Delta Dental of California and MetLife offer private dental insurance plans for enrolled Veterans and beneficiaries of CHAMPVA for VADIP. The plans are available to eligible individuals in the United States, the District of Columbia, Puerto Rico, Guam, the U.S. Virgin Islands, American Samoa, Philippines, and the Commonwealth of the Northern Mariana Islands.

For specific information about VADIP, call 877-222-VETS (877-222-8387) Monday through Friday between 8:00 a.m. and 8:00 p.m. ET or visit www.va.gov/health-care/about-va-health-benefits/dental-care/dental-insurance/. You may contact Delta Dental at 855-370-3302 or MetLife at 888-310-1681.

Mental Health Services

Emergency Treatment During an Acute Suicidal Crisis

Under the Comprehensive Prevention, Access to Care, and Treatment (COMPACT) Act, eligible individuals may receive emergent suicide care.

VA will:

- Provide, pay for, or reimburse for treatment of eligible individuals' emergency suicide care, emergency transportation costs, and follow-up care at a VA or non-VA facility for up to 30 days of inpatient or residential care and 90 days of outpatient care, and extend these time periods if VA determines the individual continues to require care to address the effects of the acute suicidal crisis.
- Make appropriate referrals for care following the period of emergency suicide care.
- Determine eligibility for other VA services and benefits.

- Refer eligible individuals for appropriate VA programs and benefits following the period of emergency suicide care.

Eligible individuals, regardless of VA enrollment status, are:

- Veterans who served in the active military, naval, air, or space service and were discharged or released under conditions other than dishonorable, after serving 24 months of continuous active service; or,
- Former members of the armed forces, including reserve Servicemembers, who were discharged under conditions other than dishonorable or by court-martial, and either:
 - Served more than 100 days under a combat exclusion or in support of a contingency operation either directly or by operating an unmanned aerial vehicle from another location; or
 - Were the victim of a physical assault of a sexual nature, a battery of a sexual nature, or sexual harassment while serving in the armed forces

Veterans Crisis Line

The Veterans Crisis Line is a toll-free, confidential resource that connects Veterans in crisis and their families and friends with qualified, caring VA responders.

Veterans who are in crisis or having thoughts of suicide and individuals who know a Veteran in crisis can call the Veterans Crisis Line for confidential support 24 hours a day, seven days a week, 365 days a year.

They can:

- **Call 988** and press 1,
- **Chat online** at www.veteranscrisisline.net or
- **Text** to 838255, even if they are not registered with VA or enrolled in VA health care.

The professionals at the Veterans Crisis Line are specially trained and experienced in helping Veterans of all ages and circumstances.

Military Sexual Trauma

Military Sexual Trauma (MST) refers to physical assault of a sexual nature, battery of a sexual nature, or sexual harassment which occurred while the former member of the Armed Forces was serving on duty orders.

There are no other restrictions on:

- Time and location,
- On or off duty,
- At or away from the assigned duty station,
- Identity of alleged perpetrator, or
- Sex of the service member who experienced MST.

Veterans who are not eligible for other VA care should be provided the opportunity to be evaluated by a VA clinician at no cost to determine if there are any MST related health conditions requiring treatment.

In-/outpatient and Residential Services

VA provides free outpatient, inpatient and residential services to both male and female Veterans recovering from MST. Outpatient services are available at every VA health care facility. VA also offers specialized MST treatment in a residential or inpatient setting for Veterans who need more intense

treatment and support. For more information, contact the MST Coordinator at your nearest VA medical facility or visit www.mentalhealth.va.gov/msthome/. A list of VA and Vet Center facilities can be found online at www.va.gov/directory.

Readjustment Counseling Services

VA provides free readjustment counseling encompassing a wide range of social services to eligible Veterans, active duty Servicemembers, including National Guard and Reserves, and their families to make a successful transition from military to civilian life. Vet Center staffs are available toll free and around the clock at 877-WAR-VETS (927-8387).

For more information regarding readjustment counseling services, visit www.vetcenter.va.gov/VetCenter_Services.asp.

Veterans Involved in the Criminal Justice System

Many VA benefits are affected by incarceration, depending on the type of benefit and whether a conviction is for a misdemeanor or felony. Veterans who are incarcerated do not forfeit their VHA eligibility; however, current regulations restrict VA from providing hospital and outpatient care to an incarcerated Veteran who is an inmate in an institution of another government agency when that agency has a duty to give the care or services. VA may provide care once the Veteran has been released from the penal institution. For more information on incarcerated Veterans, visit www.benefits.va.gov/persona/veteran-incarcerated.asp.

VHA has two outreach programs designed to assist Veterans who are involved in the criminal justice system to connect to needed health care and benefits after release from incarceration.

- The Health Care for Reentry Veterans program can help Veterans incarcerated in state or federal prisons. Visit www.va.gov/homeless/reentry.asp for more information and contacts.
- The Veterans Justice Outreach program can help Veterans incarcerated in local county or city jails or with oversight from local treatment courts (including Veterans Treatment Courts).

Visit www.va.gov/homeless/vjo.asp for more information about the Veterans Justice Outreach Program and contacts.

Veterans or Dependents Verified as Fugitive Felons

Under current law, VA is barred from providing benefits to Veterans and dependents while they are in a fugitive felon status. Veterans and dependents must provide proof of a satisfied felony warrant within 60 days of notification or their VA benefits will be terminated. VA benefits will be restored after proof that the felony warrant has been satisfied is provided to VA.

Homeless Veterans

VA's National Call Center for Homeless Veterans (NCCHV) provides Veterans who are homeless or at risk for homelessness free, 24/7 access to trained counselors. The NCCHV hotline is intended to assist homeless Veterans and their families, VA medical facilities, federal, state and local partners, community agencies, service providers and others in the community. Call the NCCHV hotline toll free at 877-4AID VET (877-424-3838).

To learn about VA homeless programs and mental health services in your area, visit www.va.gov/homeless/.

Getting Care Abroad for your Service-Connected Conditions

VA's Foreign Medical Program (FMP) provides health care payment/reimbursement for U.S. Veterans with VA-rated, service-connected conditions who live or travel abroad.

All countries

Address	Telephone	Fax
VHA Office of Integrated Veteran Care Foreign Medical Program (FMP) PO Box 469061 Denver, CO 80246-9061	877-345-8179	303-331-7803

Veterans living in Canada must contact the Foreign Countries Operations office in Canada for medical claim filing.

Address	Telephone	Fax
Foreign Countries Operations (FCO) 2323 Riverside Dr., 2nd Floor Ottawa, Ontario Canada, K1A0P5	888-996-2242	613-991-0305

To contact FMP online	Web site
hac.fmp@va.gov	www.va.gov/communitycare/programs/veterans/fmp/index.asp

Caregiver Program

The Caregiver Benefit Program is for eligible Veterans who have incurred or aggravated a serious injury during their military service on or before May 7, 1975, or on or after September 11, 2001. Eligible primary family caregivers can receive a stipend, training, mental health services, travel and lodging reimbursement and access to health insurance if they are not already under a health care plan.

For more information, contact your local VA medical facility and speak with a caregiver support coordinator, visit www.caregiver.va.gov/ or call 855-260-3274 toll-free.

Notice of Privacy Practices

Veterans who are enrolled for VA health care benefits have various privacy rights under federal law and regulations, including the right to a Notice of Privacy Practices. To review the VA Notice of Privacy Practices, visit www.va.gov/vhapublications/publications.cfm?Pub=8 or write to the VHA Privacy Office (19F2), 810 Vermont Avenue NW, Washington, DC 20420.

Sharing your VA health information

Health information sharing allows VA and your participating community care providers to electronically share important parts of your patient health record. There are several benefits to you, VA and your community care providers sharing your health information, which includes coordinating your health care more effectively. Health information is shared on a secure and private nationwide network.

The following information resources are available if you want to learn more about health information sharing and the Veterans Health Information Exchange (VHIE) program:

- Visit the VHIE website (www.va.gov/vhie/)
- Visit or call your local Release of Information (ROI) Office at your local VA medical facility to sign up
- Call the VHIE customer service line at 877-771-8537

Services and Tools Available Online

VA's Health Benefits Website

VA's health benefits website, located at www.va.gov/health-care/, contains information related to the medical benefits, information and resources available to its enrollees, such as:

- Online application for enrollment
- Newly released information regarding updates or changes to VA health care benefits and services
- Medical benefits based on eligibility and priority group
- Copayment information
- Contact Information
- Links to other sites of interest, such as My HealtheVet, eBenefits, and the Affordable Care Act

Office of Public Health

The VA Office of Public Health promotes and protects the health of Veterans and VA staff. Visit www.publichealth.va.gov/ to learn about important health-related subjects, including:

- **Health & Wellness:** topics cover staying healthy with vaccinations and infection-control habits, employee wellness programs and violence prevention
- **Diseases & Conditions:** topics cover certain medical conditions that may affect Veterans
- **VA-conducted, health-related studies and data:** The Office of Public Health and research organizations conduct studies on the health issues affecting Veterans to better serve their needs
- **Military Exposures:** learn about exposure-related health concerns

Your Personal VA Health Information at Your Fingertips

My HealtheVet

VA emphasizes patient-centered innovations, including My HealtheVet (www.myhealth.va.gov), an e-portal suite of tools for Veterans and caregivers that provides:

- Secure, web-based access to their personal health record
- The ability to download and share personal health information using the VA Blue Button
- Online services, such as e-prescription refills and trusted health education resources
- Secure messaging between patients and their VA health care teams

If you are a VA patient and have an upgraded account (obtained by completing the one-time authentication process), you can:

- Participate in secure messaging with your participating VA health care team members
- Request prescription refills
- View key portions of your DoD military service information
- Get or view your VA:
 - Wellness reminders
 - Appointments and lab results
 - Allergies and adverse reactions
 - Key portions of your electronic record
 - Continuity of care documents
 - Participate in future features as they become available

Visit My HealtheVet at www.myhealth.va.gov, register and learn more about authentication and the many features and tools available to you 24/7 anywhere you have Internet access. For more information about My HealtheVet, contact the My HealtheVet coordinator at your local VA medical facility.

eBenefits

eBenefits is a one-stop shop for benefits-related information for Veterans, Wounded Warriors, Servicemembers, their families and their caregivers. The site also has the following features:

- Message Center
- Request a Representative
- Search a Representative
- Specially Adapted Housing (SAH) Grant Application Status
- VA Letters, Dependent only

For more information visit www.ebenefits.va.gov.

VA.gov

The VA has started the migration of eBenefits products to VA.gov. The migration is being conducted in phases and updates will be made available after each phase. Users will be redirected to VA.gov when accessing these features.

Apply for –

- Disability compensation
- Veteran Readiness and Employment (VR&E) program

Manage Benefits –

- Contact Information Update (address, phone number and email)
- Compensation claims status
- Direct deposit
- VA letters and Certificate of Eligibility for Home Loan

Manage Health –

- VA medical records and prescription refills
- VA appointment scheduling
- Add or remove dependents
- Order hearing aid batteries and prosthetic socks

For more information on available features visit www.va.gov.

VA–Extension for Community Health Care Outcomes (VA-ECHO)

Through the VA-ECHO program, Veterans primary care teams use video conferencing technology to seek expertise from specialists located nation-wide. VA-ECHO offers regular CEU accredited sessions in multiple specialties for health care providers throughout the VA system. For more information about VA-ECHO please send an email to VA-ECHO@va.gov.

Mobile Apps

VA uses mobile health technology to give Veterans more opportunities to be active partners in their health care. VA Mobile releases new apps for Veterans regularly. Check mobile.va.gov often for new information about available apps.

Veterans Canteen Service

The Veterans Canteen Service (VCS) lets you shop and dine at any of its store/café operations located in VA hospitals, many CBOCs and some Veterans Benefits Offices. The VCS Patriot Store Direct 1-800 Special Order Program offers savings on name brand retail items, such as computers, tires, tools, large appliances, flowers, jewelry, toys and more. Browse www.vacanteen.va.gov/ and place orders online or call 800-664-8258 Monday through Friday between 8:00 a.m. and 6:00 p.m. ET to place an order.



Help achieve your goals of quitting tobacco with VA's support.

VA treatment options include:

- FDA-approved tobacco cessation medications and behavioral counseling.
- A national quitline, Quit VET: Call 1-855-QUIT-VET (**1-855-784-8838**) between 9 a.m. and 9 p.m. ET, Monday through Friday, to talk to a coach who can help you build a plan to quit tobacco and provide ongoing support to help you stay quit.
- The SmokefreeVET text messaging program: Text the word **VET** to **47848** (manda **VETesp** al **47848** para ayuda en español) or visit [**smokefree.gov/VET**](https://smokefree.gov/VET) for support and encouragement at your fingertips throughout your quit journey.

Learn more at [**MentalHealth.va.gov/quit-tobacco**](https://MentalHealth.va.gov/quit-tobacco).



U.S. Department
of Veterans Affairs

Frequently Asked Questions

Where can I find more information?

Call VA Health Benefits help line at 877-222-VETS (877-222-8387) Monday through Friday between 8:00 a.m. and 8:00 p.m. ET. Information also is available at www.va.gov/health-care/.

How can I verify my enrollment?

Once your enrollment is confirmed, you will receive a personalized Veterans Health Benefits Handbook notifying you of your enrollment status and Priority Group placement. You may also call us to verify your enrollment at 877-222- VETS (877-222-8387) Monday through Friday between 8:00 a.m. and 8:00 p.m. ET.

If enrolled, must I use VA as my exclusive health care provider?

There is no requirement that VA become your exclusive provider of care. If you are a Veteran who is receiving care from both VA and a local provider, it is important for your health and safety that your care is coordinated, resulting in one treatment plan (co-managed care).

I am moving to another state. How do I transfer my care to a new VA health care facility?

If you want to transfer your care from one VA health care facility to another, contact your PACT. Your PACT will work with the Traveling Veteran Coordinator for assistance in transferring your care and establishing an appointment at the new facility.

How do I choose or change my preferred facility?

When you apply for enrollment, you will be asked to choose a preferred VA facility. This will be the VA facility where you will receive your primary care. You may select any VA facility that is convenient for you.

If the facility you choose cannot provide the health care that you need, VA will make other arrangements for your care based on administrative eligibility and medical necessity. If you do not choose a preferred facility, VA will choose the facility that is closest to your home. You may change your preferred facility at any time.

What is a Referral Coordination Team (RCT)?

An RCT is a team of clinical and administrative staff that serve as an extension of your health care team. Their goal is to review all clinically appropriate care options with you so that you are able to make an informed decision about where you would like to receive your health care.

How do I meet with a Referral Coordination Team (RCT)?

Each VA Medical facility has an RCT. Please contact your Primary Care Provider's office to coordinate your care through an RCT.

What types of care options will the Referral Coordination Team (RCT) review with me?

RCTs will review possible community care eligibility based on drive time, distance, best medical interest, and wait time. They will also review internal/direct care options that you may be interested in instead of receiving care within the community. These care options may include telephone visit, VA Video Connect visit, telemedicine visit, or provider to provider consultation. The RCT will review all appropriate care options with you so that you are able to make an informed decision about where you would like to receive your health care.

Can I cancel my VA health care coverage?

You may request to dis-enroll from VA health care, commonly referred to as cancel/decline, at any time. To request to be dis-enrolled, you must submit a signed and dated document requesting to be dis-enrolled from VA health care to a VA medical facility or you may mail the request to:

Health Eligibility Center
Enrollment Eligibility Division
PO Box 5207
Janesville, WI 53547-5207

You may reapply for enrollment at any time by completing a new VA Form 10-10EZ, (Application for Health Benefits), online at www.va.gov/health-care/apply/application/, by calling 877-222-VETS (877-222-8387) or by visiting your local VA health care facility. You will be considered a new applicant and eligibility for enrollment will be based upon eligibility requirements in place at that time.

What is a geographic income limit?

Because VA income limits may change each year, they are not published in this booklet. Recognizing that cost of living can vary significantly from one geographic area to another, VA uses income limits based on geographic locations in addition to the National threshold limits for financial assessment purposes.

Geographic income limits can be found at www.va.gov/healthbenefits/apps/explorer/AnnualIncomeLimits/HealthBenefits.

What happens if, at the end of the income verification process, my income is verified to be higher than the income limits?

Your copayment status will be changed from copayment exempt to copayment required, which may result in disenrollment due to enrollment restrictions for Veterans whose income exceeds the income limits. VA facilities involved in your care will be notified of your change in status and to initiate billing for services provided during that income year. Your enrollment priority status may be changed if your financial status is adjusted by the income verification process. If your enrollment status is changed, you will be notified by mail.

Does VA have access to my income tax return?

VA does not have direct access to your tax return. However, the IRS and the SSA share earned, and unearned income data reported by employers and financial institutions.

I am a recently discharged combat Veteran. Must I pay VA copayments?

Veterans who qualify under this special eligibility are not subject to copayments for conditions potentially related to their combat service; however, combat Veterans may be subject to appropriate copayment rates for care or services VA determines are unrelated to their military service.

What is a VA service-connected rating and how do I establish one?

A service-connected rating is an official ruling by VA that your illness or condition is directly related to your active military service. To obtain more information or to apply for any of these benefits, contact your nearest VA Regional Office at 800-827-1000 or visit www.ebenefits.va.gov or www.va.gov.

What if I receive a bill and cannot pay?

If you are unable to pay your bill, you should discuss the matter with the Patient Billing Office staff at the VA health care facility where you received your care. Refer to Copayment Options on page 21.

If I am enrolled in VA health care, do I meet the requirements for health care coverage?

Yes. If you are enrolled in any of VA's programs below, you have coverage under the standards of the ACA:

- VA health care program
- CHAMPVA
- Spina Bifida Health Care Benefits Program

However, starting in 2019 the Tax Cuts and Jobs Act removed the tax penalties associated with the ACA.

Does VA notify the IRS of a Veteran's enrollment in the VA health care system?

VA will send the IRS, Veterans and eligible beneficiaries forms that provide details of the health coverage provided by VA. These forms are used for the income tax process.

What if I did not receive this form?

If you did not receive a Form 1095-B from VA explaining your health care coverage for each year you are or have been enrolled, call 877-222-VETS (877-222-8387) Monday through Friday from 8:00 a.m. until 8:00 p.m. ET to request a new one. This form is for your records only and should not be sent to the IRS or returned to VA.

What is a PACT?

A PACT includes the Veteran, his or her family or caregivers and a group of health care professionals who work together to plan that individual's whole-person care and life-long health and wellness. It focuses on:

- Partnerships with Veterans
- Access to care using diverse methods
- Coordinated care among team members
- Team-based care with Veterans as the center of their PACT

How does a PACT function?

A PACT uses a team-based approach. Veterans are the center of the care team that also includes their family members, caregivers and health care professionals – primary care provider, nurse care manager, clinical associate and administrative clerk. When other services are needed to meet goals and needs, another care team may be called in. For more information about PACT, visit www.patientcare.va.gov/primarycare/PACT.asp.

Am I eligible for dental care?

VA is authorized to provide extensive dental care, while in other cases, treatment may be limited. The chart below describes dental eligibility criteria and contains information to assist Veterans in understanding their eligibility for VA dental care.

The eligibility for outpatient dental care is not the same as for most other VA medical benefits and is categorized into classes. For instance, if you are eligible for VA dental care under Class I, IIC or IV, you are eligible for any necessary dental care to maintain or restore oral health and masticatory function, including repeat care. Other classes have time and/or service limitations. NOTE: Veterans not eligible for VA dental care may consider VADIP. For more information about VADIP, call 877-222-VETS (877-222-8387) Monday through Friday between 8:00 a.m. and 8:00 p.m. ET or visit www.va.gov/health-care/about-va-health-benefits/dental-care/dental-insurance/.

If you:	You are eligible for:	Classes
Have a service-connected compensable dental disability or condition	Any needed dental care	Class I
Are a former prisoner of war	Any needed dental care	Class II(c)
Have service-connected disabilities rated 100% disabling or are unemployable and paid at the 100% rate due to service-connected conditions	Any needed dental care. Veterans paid at the 100% rate based on a temporary rating, such as extended hospitalization for a service-connected disability, convalescence or pre-stabilization are not eligible for comprehensive outpatient dental services based on this temporary rating	Class IV
Apply for dental care within 180 days of discharge or release from a period of active duty (under conditions other than dishonorable) of 90 days or more during the Persian Gulf War era	One-time dental care if your DD 214 (Certificate of Release or Discharge from Active Duty) does not indicate that a complete dental examination and all appropriate dental treatment had been rendered prior to discharge	Class II
Have a service-connected non-compensable dental condition or disability resulting from combat wounds or service trauma	Any dental care necessary to provide and maintain a functioning dentition. A VA Form 10-564-D (Dental Trauma Rating) or VA Form 10-7131 (VA Regional Office Rating Decision letter) identifies the tooth/teeth that are trauma rated	Class II(a)
Have a dental condition clinically determined by VA to be associated with and aggravating a service-connected medical condition	Dental care to treat the oral conditions that are determined by a VA dental professional to have a direct and material detrimental effect to your service-connected medical condition	Class III

If you:	You are eligible for:	Classes
Actively engaged in a 38 USC Chapter 31 Veteran Readiness and Employment (VR&E) program	Dental care to the extent necessary as determined by a VA dental professional to: • Make possible your entrance into a rehabilitation program • Achieve the goals of your Veteran Readiness and Employment (VR&E) program • Prevent interruption of your rehabilitation program • Hasten the return to a rehabilitation program if you are in interrupted or leave status • Hasten the return to a rehabilitation program if you are placed in discontinued status because of illness, injury or a dental condition, or • Secure and adjust to employment during the period of employment assistance or enable you to achieve maximum independence in daily living	Class V
Receive VA care or are scheduled for inpatient care and require dental care for a condition complicating a medical condition currently under treatment	Dental care to treat the oral conditions that are determined by a VA dental professional to complicate your medical condition currently under treatment	Class VI
An enrolled Veteran who is homeless and receiving care under VHA Handbook 1130.01	A one-time course of dental care that is determined medically necessary to relieve pain, assist you to gain employment or treat moderate, severe or complicated and severe gingival and periodontal conditions	Class II(b)

Note: Outpatient emergency dental care may be provided as a humanitarian service to individuals who do not have established dental eligibility. Dental treatment is limited to that necessary to address acute pain or a dental condition which is determined to be endangering life or health.

Veterans receiving hospital, nursing home or domiciliary care will be provided dental services that are determined by a VA dentist, in consultation with the referring physician, to be essential to the management of the patient's medical condition under active treatment.

For more information about eligibility for VA medical and dental benefits, call toll-free 877-222-VETS (877-222-8387) or visit www.va.gov/health-care/about-va-health-benefits/dental-care/.

What is community care?

VA provides health care for Veterans from providers in your local community outside of VA. Veterans may be eligible to receive care from a community provider when VA cannot provide the care needed. This care is provided on behalf of and paid for by VA.

Community care is available to Veterans based on certain conditions and eligibility requirements, and in consideration of a Veteran's specific needs and circumstances. Community care must be first authorized by VA before a Veteran can receive care from a community provider.

Do I qualify for routine health care at community facilities at VA expense?

To qualify for routine health care at community facilities at VA's expense, you must first be given a written referral by VA. Included among the factors in determining whether such care will be authorized is your medical condition and the availability of VA services within your geographic area. VA copayments may be applicable.

Am I eligible for emergency care at a community facility?

VA has three legal authorities under which emergency treatment in a community facility may be paid for by VA:

- Authorized Emergency Treatment—38 CFR 17.4020(c).
- Unauthorized Emergency Treatment (Service-connected)—38 U.S.C. 1728
- Unauthorized Emergency Treatment (Nonservice-connected)—38 U.S.C. 1725

Each authority requires the following general eligibility requirements be met:

- Veteran is enrolled or exempt from enrollment in the VA health care system.
- A VA health care facility or other federal facility with the capability to provide the necessary emergency services must not have been feasibly available to provide the emergent treatment and an attempt to use them beforehand would not be reasonable.
- The medical situation is of such a nature that a prudent layperson would reasonably expect that a delay in seeking immediate medical attention would be hazardous to life or health.

Generally, emergency treatment is only covered until such time as the Veteran can be safely transferred to a VA or other federal facility.

Are there any payment limitations for community emergency care?

Claims must be filed in a timely manner for community emergency care not authorized by VA in advance of services being furnished. Because filing requirements differ by type of claim, you should contact the nearest VA medical facility as soon as possible to avoid payment denial for a claim filed after the deadline. (Refer to Emergency Care on 11 for specific rules.)

Payment may not be approved for any period beyond the point of stability, except when VA cannot accommodate transfer of the Veteran to a VA or other federal facility. An emergency is deemed to have ended at the point of stability when a VA physician has determined that, based on sound medical judgment, a Veteran who received emergency hospital care could have been transferred from the community facility to a VA medical facility for continuation of treatment.

Can VA pay for community emergency care that is not preauthorized?

VA has limited payment authority when emergency care at a community facility is provided without authorization by VA in advance of services being furnished or when notification to VA is not made within 72 hours of admission. VA may pay for unauthorized emergency care as indicated below. Since payment may be limited to the point your condition is stable for transfer to a VA facility, the nearest VA medical facility should be contacted as soon as possible for all care not authorized by VA in advance of the services being furnished.

In addition to the General Eligibility requirements, for payment to be retroactively approved for emergent care under 38 U.S.C. 1728, one of the following criteria must also be met:

- The emergency treatment sought is for a service-connected , or adjunct condition ; OR
- The Veteran seeking emergency care is rated by VA as permanently and totally disabled (P&T) as the result of a service-connected condition; OR
- The Veteran is participating in a VA Veteran Readiness and Employment (VR&E) program and requires emergency treatment (of any condition, service-connected or non-service connected) to expedite their return to the program.

VA may also pay for unauthorized nonservice-connected emergency care, indicated below, under 38 U. S. C. 1725 and 38 C.F.R. 17.1000:

In addition to the General Eligibility requirements, for payment to be retroactively approved for emergent care under 38 U.S.C. 1725, all of the following 5 criteria must also be met:

- Care was provided in a hospital emergency department (or similar public facility held to provide emergency treatment to the public); AND
- The Veteran has received care within a VA facility during the 24 months before the emergency care; AND
- The Veteran is financially liable to the emergency treatment provider; AND
- If the treatment was due to an injury or accident, the claimant has exhausted, without success, all liability claims and remedies reasonably available to the Veteran or provider against a third party for payment of such treatment, and the Veteran has no contractual or legal recourse for extinguishing, in whole, the Veteran's liability to the provider; AND
- The Veteran is not eligible for reimbursement under 38 U.S.C. 1728 for the emergency treatment.

Does VA offer compensation for travel expenses to and from a VA facility?

Yes, but not all Veterans qualify. If you meet specific criteria (refer to Medically Related Travel Benefits on 30), you are eligible for travel benefits.

I already provided financial information on my initial VA application. Why is it necessary to complete a separate financial assessment for long-term care?

Your application for initial enrollment is based on your previous year income. The long-term care financial assessment (VA Form 10-10EC, Application for Extended Care Services) is designed to assess your current financial status, including current expenses. This in-depth analysis provides the necessary monthly income/expense information to determine whether you qualify for free, long-term care or a significant reduction from the maximum copayment charge.

Once I submit a completed VA Form 10-10EC, who notifies me of my long-term care copayment requirements?

The social worker or case manager involved in your long-term care placement will provide you an annual projection of your monthly copayment charges based on available resources.

Assuming I qualify for nursing home care, how is it determined whether the care will be provided in a VA facility or a private nursing home at VA expense?

Generally, if you qualify for indefinite nursing home care, that care will be furnished in a VA facility. Care may be provided in a private facility under VA contract when there is compelling medical or social need.

If you do not qualify for indefinite care, you may be placed in a community nursing home, generally not to exceed six months, following an episode of VA care. This short-term placement is designed to assist you and your family while alternative, long-term arrangements are explored.

For Veterans who do not qualify for indefinite VA Community Living Center care at VA expense, what assistance is available for making alternative arrangements?

When the need for nursing home care extends beyond the Veteran's eligibility, our social workers will help family members identify possible sources for financial assistance. Our staff will review basic Medicare and Medicaid eligibility and direct the family to the appropriate sources for further assistance, including possibly applying for additional VA benefit programs.



VA offers care for survivors of military sexual trauma (MST).

MST can affect mental and physical health, even years later. VA has helped people of all sexes, ages, sexual orientations, racial and ethnic backgrounds, and branches of service to heal from the experience of MST.

Learn more about VA's MST-related services by contacting the MST Coordinator at your local VA facility.

Visit MentalHealth.va.gov/MST.

Find your local VA facility



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VA



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Department of Veterans Affairs
Veterans Health Administration
Member Services

For more information on VA health care:
Telephone (toll-free): 1-877-222-VETS (8387)
Website: www.va.gov/health-care/
To download a copy of this brochure, go to:
www.va.gov/healthbenefits/resources/epublications.asp

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