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VA health care copay rates

View 2020 copay rates for VA and VA-approved health care.

Effective January 1, 2020

Note: Some Veterans don't have to pay copays (they're "exempt") due to their disability rating, income level, or special eligibility factors.

[Learn how we determine whether you'll pay copays](#)

Urgent care copay rates

(Care for minor illnesses and injuries)

There's no limit to how many times you can use urgent care. To be eligible for urgent care benefits, including through our network of approved community providers, you must:

- Be enrolled in the VA health care system, and
- Have received care from us within the past 24 months (2 years)

You won't have to pay any copay for a visit where you're only getting a flu shot, no matter your priority group.

[2020 urgent care copay rates](#)

**FRANKLIN COUNTY
PRIMARY CARE
VA CLINIC**

1627 AROY DR.

WASHINGTON, MO 63090

PHONE: 314-286-6988

FAX: 314-289-7951

Press Option 1 For medication refills

Press Option 2 To make, cancel or check an existing appt (then Option 4)

Press Option 3 To request a copy of your medical records

Press Option 4 To speak to your RN Care Manager

YOUR PRIMARY CARE TEAM 4 CONSISTS OF THE FOLLOWING:

PROVIDER

LINDSEY O'BRYANT

RN CARE MANAGER

KIMBERLY CHATMAN

LPN

BARBARA PETERSON

CLERK (MSA)

MELISSA CHAMBERS

**PLEASE ARRIVE APPROXIMATELY 30 MINUTES BEFORE YOUR SCHEDULED APPOINTMENTS
TO ALLOW ADEQUATE TIME TO CHECK IN BEFORE SEEING YOUR PROVIDER.**

Priority group	Copay amount for first 3 visits in each calendar year	Copay amount for each additional visit in the same year
1 to 5	\$0 (no copay)	\$30
6	If related to a condition that's covered by a special authority*: \$0 (no copay) If not related to a condition covered by a special authority*: \$30 each visit	\$30
7 to 8	\$30	\$30

* Special authorities include conditions related to combat service and exposures (like Agent Orange, active duty at Camp Lejeune, ionizing radiation, Project Shipboard Hazard and Defense (SHAD/Project 1.1.2), Southwest Asia Conditions) as well as military sexual trauma, and presumptions applicable to certain Veterans with psychosis and other mental illness.

Outpatient care copay rates

(Primary or specialty care that doesn't require an overnight stay)

If you have a service-connected disability rating of 10% or higher

You won't need to pay a copay for outpatient care.

If you don't have a service-connected disability rating of 10% or higher

You may need to pay a copay for outpatient care for conditions not related to your military service, at the rates listed below.

2020 outpatient care copay rates

Type of outpatient care	Copay amount for each visit or test
Primary care services (like a visit to your primary care doctor)	\$1.5
Specialty care services (like a visit to a hearing specialist, eye doctor, surgeon, or cardiologist)	\$50
Specialty tests (like an MRI or CT scan)	\$50

Note: You won't need to pay any copays for X-rays, lab tests, or preventive tests and services like health screenings or immunizations.

Inpatient care copay rates

(Care that requires you to stay one or more days in a hospital)

If you have a service-connected disability rating of 10% or higher

You won't need to pay a copay for inpatient care.

If you're in priority group 7 or 8

You'll pay either our full copay rate or reduced copay rate. If you live in a high-cost area, you may qualify for a reduced inpatient copay rate no matter what priority group you're in. To find out if you qualify for a

reduced inpatient copay rate, call us toll-free at 877-222-8387. We're here Monday through Friday, 8:00 a.m. to 8:00 p.m. ET.

2020 reduced inpatient care copay rates for priority group 7

Length of stay	Copay amount
First 90 days of care during a 365-day period	\$281.60 copay + \$2 charge per day
Each additional 90 days of care during a 365-day period	\$140.80 copay + \$2 charge per day

Note: You may be in priority group 7 and qualify for these rates if you don't meet eligibility requirements for priority groups 1 through 6, but you have a gross household income below our income limits for where you live and you agree to pay copays.

[View the current VA national income limits](#)

2020 full inpatient care copay rates for priority group 8

Length of stay	Copay amount
First 90 days of care during a 365-day period	\$1,408 copay + \$10 charge per day
Each additional 90 days of care during a 365-day period	\$704 copay + \$10 charge per day

Note: You may be in priority group 8 and qualify for these rates if you don't meet eligibility requirements for priority groups 1 through 6, and you have a gross household income above our income limits for where

you live, agree to pay copays, and meet other specific enrollment and service-connected eligibility criteria.

[Learn more about priority groups](#)

Medication copay rates

If you're in priority group 1

You won't pay a copay for any medications.

Note: You may be in priority group 1 if we've rated your service-connected disability at 50% or more disabling, if we've determined that you can't work because of your service-connected disability (called unemployable), or if you've received the Medal of Honor.

[Learn more about priority groups](#)

If you're in priority groups 2 through 8

You'll pay a copay for:

- Medications your health care provider prescribes to treat non-service-connected conditions, and
- Over-the-counter medications (like aspirin, cough syrup, or vitamins) that you get from a VA pharmacy. You may want to consider buying your over-the-counter medications on your own.

Note: The cost for any medications you receive while staying in a VA or other approved hospital or health facility are covered by your inpatient care copay.

The amount you'll pay for these medications will depend on the "tier" of the medication and the amount of medication you're getting, which we determine by days of supply. Once you've paid \$700 in medication copays within a calendar year (January 1 to December 31), you won't

have to pay any more that year—even if you still get more medications. This is called a copay cap.

2020 outpatient medication copay amounts

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

If you have a service-connected rating of 40% or less and your income falls at or below the national income limits for receiving free medications, you may want to provide your income information to us to determine if you qualify for free medications.

[View the current VA national income limits](#)

[Find out how we determine your health care costs](#)

Geriatric and extended care copay rates

You won't need to pay a copay for geriatric care (also called elder care) or extended care (also called long-term care) for the first 21 days of care in a 12-month period. Starting on the 22nd day of care, we'll base your copays on 2 factors:

- The level of care you're receiving, and
- The financial information you provide on your Application for Extended Care Services (VA Form 10-10EC).

[Download VA Form 10-10EC \(PDF\)](#)

2020 geriatric and extended care copay amounts by level of care

Level of care	Types of care included	Copay amount for each day of care
Inpatient care	<ul style="list-style-type: none"> ■ Short-term or long-term stays in a community living center (formerly called nursing homes) ■ Overnight respite care (in-home or onsite care designed to give family caregivers a break, available up to 30 days each calendar year) ■ Overnight geriatric evaluations (evaluations by a team of health care providers to help you and your family decide on a care plan) 	Up to \$97
Outpatient care	<ul style="list-style-type: none"> ■ Adult day health care (care in your home or at a facility that provides daytime social activities, companionship, recreation, care, and support) ■ Daily respite care (in-home or onsite care designed to give family caregivers a break, available up to 30 days each calendar year) ■ Geriatric evaluations that don't require an overnight stay (evaluations by a team of health 	Up to \$15

Level of care	Types of care included	Copay amount for each day of care
	care providers to help you and your family decide on a care plan)	
Domiciliary care for homeless Veterans	<ul style="list-style-type: none"> ■ Short-term rehabilitation ■ Long-term maintenance care 	Up to \$5

[Learn more about long-term care options](#)

Services that don't require a copay

You won't need to pay a copay for any of the services listed below, no matter what your disability rating is or what priority group you're in.

- Readjustment counseling and related mental health services
- Counseling and care for issues related to military sexual trauma
- Exams to determine your risk of health problems linked to your military service
- Care that may be related to combat service for Veterans that served in a theater of combat operations after November 11, 1998
- VA claim exams (also called compensation and pension, or C&P, exams)
- Care related to a VA-rated service-connected disability
- Care for cancer of head or neck caused by nose or throat radium treatments received while in the military

- Individual or group programs to help you quit smoking or lose weight
- Care that's part of a VA research project (like the Million Veteran Program)
- Laboratory (lab) tests
- Electrocardiograms (EKGs or ECGs) to check for heart disease or other heart problems
- VA health initiatives that are open to the public (like health fairs)

Other information you may need

Pay your copay bill

Find out how to pay your copay bill—and what to do if you disagree with the charges or are having trouble making payments.

Your health care costs

Learn how we assess and verify your income to help determine if you're eligible for VA health care and whether you'll need to pay copays for certain types of care, tests, and medications.

Last updated: January 14, 2020