

VA HEALTH CARE

Eligibility

You may be eligible for VA health care benefits if you served in the active military and didn't receive a dishonorable discharge.

- ★ You must have served 24 consecutive months if you enlisted after Sep. 7, 1980 (enlisted) or entered active duty after Oct. 16, 1981 (officer).
The minimum service requirement may not apply if:
 - You were discharged for a disability that was caused – or made worse – by your active duty service; or
 - You were discharged for a hardship or “early out” or
 - You served prior to Sep. 7, 1980
- ★ If you served in the Reserves or National Guard, you must have completed the full period for which you were called to active duty by a federal order. Active duty for training purposes only does not qualify for VA health care.

VA health care basics ...

With VA health care you can receive regular checkups with a primary care provider; see specialists; and get medical equipment, prosthetics, and prescriptions.

In addition to eligibility based on service, the VA assigns veterans to a priority group based on a number of factors. If you fall into more than one priority group, you will be assigned to the highest one (see **Priority Groups** chart on reverse side).

www.va.gov/health-care

www.va.gov/health-care/eligibility

www.va.gov/health-care/copay-rates

www.va.gov/health-care/eligibility/priority-groups

How do I enroll in VA health care?

You need to complete the **Application for Health Benefits Form** (VA Form 10-10EZ).

- ★ A Veterans Service Officer or accredited representative can assist in completing and submitting the application.
- ★ Complete an application online at www.va.gov/health-care/apply/application/introduction
- ★ Complete an application by phone at 877-222-8387 Monday – Friday, 8 AM to 8 PM Eastern time
- ★ Bring your completed application to a VA medical center or clinic near you.

There is no cost for any treatment, including prescriptions, for a service-connected condition.

Is VA health care free for veterans?

This depends on the priority group the veteran falls into based on factors like income level, disability rating, and military service history.

- ★ There is no cost for health care, including prescriptions, for veterans in Priority Group 1.
- ★ If you have a service-connected disability of 10% or higher (Priority Groups 2 and 3), you won't need to pay a co-pay for outpatient or inpatient care.
- ★ If you don't have a service-connected disability of 10% or higher, you may need to pay a co-pay for inpatient and outpatient care for conditions not related to your military service.

Will the VA pay for my health care at a community care provider?

Veterans must be eligible for, or enrolled in, VA health care and must receive approval from the VA prior to obtaining care from a community provider in most circumstances. Veterans may be eligible for care through a provider in their local community depending on their health care needs or circumstances, and if they meet specific eligibility criteria.

- 1) Veteran needs a service that is not available at a VA medical facility.
- 2) Veteran lives in a U.S. state or territory without a full-service VA medical facility (FYI ... Massachusetts is not one of the states).
- 3) Veteran qualifies under the “Grandfather” provision related to distance eligibility.
- 4) VA cannot provide care within both average driving time standards and wait time standards.
- 5) It is in the veteran's best medical interest.
- 6) A VA service line does not meet certain quality standards.

Can my spouse get health care at or through the VA?

The VA does not provide health care services to non-veteran spouses.

- ★ If your spouse is a veteran, he/she may qualify for VA health care based on his/her own military service.
- ★ If your spouse is not a veteran, he/she may qualify for health care benefits through Tricare or CHAMPVA if he/she is:
 - The spouse of an active duty, retired, or deceased service member, National Guard soldier, Reservist, or Medal of Honor recipient (Tricare)
 - The spouse or surviving spouse of a veteran who has been rated by the VA as permanently and totally disabled for a service-connected disability or is the surviving spouse of a veteran who died from a service-connected disability (CHAMPVA).

Is there a cost for prescriptions?

- ★ Veterans in priority groups 2 through 8 will pay a co-pay for medications for non-service connected conditions and over-the-counter (OTC) medications from a VA pharmacy (you may want to consider buying your OTC medications on your own).
- ★ Medications received while staying in a VA or VA-approved hospital are covered by the inpatient care co-pay.
- ★ Once you have paid \$700 in a calendar year, you do not have to pay additional co-pays for medications for the remainder of the calendar year.
- ★ Co-pays are based on the medication tier (1, 2, or 3) and amount of medication received (1-30 day, 31-60 day, or 61-90 day supply).
- ★ Veterans with a service-connected disability rating of 40% or less who fall at or below the national income limit may be eligible for free medications, but will need to submit their income information to the VA.



Will the VA fill prescriptions from non-VA providers?

The VA will fill prescriptions by a non-VA community provider only if you meet **all** the requirements listed below:

- ★ You're enrolled in VA health care
- ★ You have an assigned VA primary care provider
- ★ You've given your VA provider your medical records from your non-VA provider
- ★ Your VA provider agrees with the prescription

Priority Groups	
1	<ul style="list-style-type: none"> ◆ 50% to 100% service-connected disabled, or ◆ Have a service-connected disability that makes you unable to work, or ◆ Received the Medal of Honor
2	<ul style="list-style-type: none"> ◆ 30% to 40% service-connected disabled
3	<ul style="list-style-type: none"> ◆ 10% to 20% service-connected disabled, or ◆ A former prisoner of war, or ◆ Received the Purple Heart, or ◆ Were discharged for a disability that was caused by – or got worse because of – your active-duty service, or ◆ Were awarded special eligibility classification under Title 38 U.S.C. “benefits for individuals disabled by treatment or vocational rehabilitation.”
4	<ul style="list-style-type: none"> ◆ Receiving VA Aid & Attendance or housebound benefits, or ◆ Received a VA determination of being catastrophically disabled
5	<ul style="list-style-type: none"> ◆ Don't have a service-connected disability, or you have a non-compensable service-connected disability that is rated as 0% disabling, and you have an annual income level that's below VA's adjusted income limits (based on your resident zip code), or ◆ Are receiving VA pension benefits, or ◆ Are eligible for Medicaid programs
6	<ul style="list-style-type: none"> ◆ Have a compensable service-connected disability that is rated as 0% disabling, or ◆ Were exposed to ionizing radiation during atmospheric testing or during the occupation of Hiroshima and Nagasaki, or ◆ Participated in Project 112/SHAD, or ◆ Served in the Republic of Vietnam between January 9, 1962, and May 7, 1975, or ◆ Served in the Persian Gulf War between August 2, 1990, and November 11, 1998, or ◆ Served on active duty at Camp Lejeune for at least 30 days between August 1, 1953, and December 31, 1987 <p>You may also be assigned to Priority Group 6 if you meet ALL of the below requirements:</p> <ul style="list-style-type: none"> ◆ Are currently or newly enrolled in VA health care, and ◆ Served in a theater of combat operations after November 11, 1998, or were discharged from active duty on or after January 28, 2003, and ◆ Were discharged less than 5 years ago
7	<ul style="list-style-type: none"> ◆ Your gross household income is below the geographically adjusted income limits (GMT) for where you live, and ◆ You agree to pay co-pays
8	<ul style="list-style-type: none"> ◆ Your gross household income is above VA income limits and geographically adjusted income limits for where you live, and ◆ You agree to pay co-pays <p><i>(This priority group has several sub-priority groups.)</i></p>