

## 2022 Means Testing Thresholds (2021 Income)

DEPENDENTS	2020 Income	2021 Income	MEDICAL EXPENSE DEDUCTION AMOUNT
NONE	\$34,616	\$36,659	\$696.55
ONE	\$41,539	\$43,990	\$912.15
TWO	\$43,921	\$46,513	\$1,031.25
THREE	\$46,303	\$49,036	\$1,150.35
FOUR	\$48,685	\$51,559	\$1,269.45

For each additional dependent – add \$2,523

For each additional dependent (med expenses) – add 5% of Max allowable pension rate from the previous year

**Outpatient Co-pay \$15.00** (Primary Care) – as of 12/06/01

**\$50.00** (Specialty Care) – as of 12/06/01

**Inpatient Co-pay (Priority Group 8) \$1,556.00** Copay first 90 days (\$10.00) Per Diem

\*\*\*\$778.00 Copay for each additional 90 days of care during a 365-day period

**(Priority Group 7) \$311.20** Copay first 90 days (\$2.00) Per Diem \*\*\*

\*\*\*\$155.60 Copay for each additional 90 days of care during a 365-day period

**(Priority Group 6)** may have same copay as PG8 based on income & non-SA

**Long Term Care (LTC):**

Maximum of **\$97.00 (Inpatient)** – Community Living (NH), Respite, Geriatric Eval

Maximum of **\$15.00** per day (**Outpatient**) – Adult Day Care, Respite, Geriatric Eval

Maximum of **\$5.00** per day (**Domiciliary**)

**LTC Co-pay based on Annual Income & Assets and Expenses**

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

## 2022 Pharmacy Co-pay Thresholds (2021 Income)

DEPENDENTS	2020	2021
NONE	\$13,931	\$14,753
ONE	\$18,243	\$19,320
TWO	\$20,625	\$21,843
THREE	\$23,007	\$24,366
FOUR	\$25,389	\$26,889

For each additional dependent add - \$2,523

**Beginning 2-27-17, medication copayments will be as follows:**

<b>Tier 1 (preferred generics) - \$5 (1-30 days), \$10 (31-60 days), \$15 (61-90 days)</b>
<b>Tier 2 (non-preferred generics) - \$8 (1-30 days), \$16 (31-60 days), \$24 (61-90 days)</b>
<b>Tier 3 (brand name drugs) - \$11 (1-30 days), \$22 (31-60 days), \$33 (61-90 days)</b>

\*\*\*Veterans in Priority Groups 2-8 now qualify for a medication co-pay cap of **\$700** per calendar year\*\*

## 2021 Urgent Care Copay Rates

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	<p><b>If related to a condition that's covered by a special authority*:</b> \$0 (no copay)</p> <p><b>If not related to a condition covered by a special authority*:</b> \$30 each visit</p>	\$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 112), Southwest Asia Conditions) as well as military sexual trauma, and presumptions applicable to certain Veterans with psychosis and other mental illness.