

Health Care Benefits Overview

2026 Edition, Vol. 1



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Legal Status and Use of Seals and Logos

The seal of the Department of Veterans Affairs certifies that the 2026 Health Care Benefits Overview is the official summary of VA health care benefits. This overview provides general information, and not all benefits may apply to everyone. Please consult with your VA provider to confirm your specific eligibility. All information is current as of the publication date.

According to 38 Code of Federal Regulations 1.9(f), you cannot use the VA’s official seal, or any replicas, reproductions, or embossed seals of the VA, on republications of this material without written permission from the Secretary or Deputy Secretary of Veterans Affairs. Misuse of the VA’s seals and logos may result in penalties as specified in 18 United States Code 506, 701, or 1017.

Introduction

This booklet is designed to help Veterans, their families, and caregivers understand the VA health care system. It covers important topics like eligibility requirements, available health benefits and services, and explains any copayments that some Veterans might be charged.

Updated Topics and Benefits:

- There are numerous ways you can enroll in VA health care on page 7
- Medication Copayments on page 19
- Veterans Transportation Service on page 27
- VA Dental Insurance Program on page 32
- Veterans Crisis Line on page 33

This booklet does not cover all the health care benefits and services offered by the VA. More detailed information is available with the following resources:

- www.va.gov/health-care
- Call toll-free at 877-222-VETS (877-222-8387) Monday through Friday between 8 a.m. and 8 p.m. ET
- Contact the Enrollment Office at your local VA health care facility



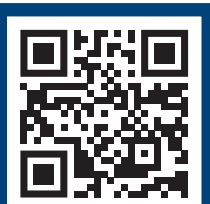
Hear stories from real Veterans.

At **MakeTheConnection.net**, you can:

- Watch fellow Veterans share their inspiring stories of recovery.
- Explore signs and symptoms of mental health conditions.
- Find mental health resources and support available in your community.

MAKE THE CONNECTION

Scan to hear their stories



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 called to active duty by a Federal Order (other than for training only) and who 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 Sept. 7, 1980, or entered active duty after Oct. 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
- A hardship
- An “early out”

There are many other exceptions to the minimum duty requirements. Therefore, the VA encourages all Veterans to apply to determine their enrollment eligibility.

Returning Service Members (OEF/OIF/OND)

Every VA medical facility has a team ready to welcome OEF/OIF/OND service members and assist in coordinating their health care and other services. For more details about the various programs available for recently returned service members, 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 health care eligibility period for up to 10 years after their discharge. In cases 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 qualify for a higher priority group.

Combat Veterans who enroll with the VA during the 10 years after their discharge will remain enrolled even after their enhanced eligibility period ends, though they may be placed in a lower Priority Group based on income level and may need 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 eligibility period may still qualify for VA health care enrollment based on a VA-rated service-connected condition, other special eligibility factors, or means testing. The VA encourages all Veterans to apply to determine their enrollment eligibility.

Expanded Health Care Under the PACT Act

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 served in active military, naval, air, or space service while assigned to a duty location in (including airspace above) the following areas during the specified periods:

- On or after August 2, 1990, in Bahrain, Iraq, Kuwait, Oman, Qatar, Saudi Arabia, Somalia, or the United Arab Emirates.
- On or after September 11, 2001, in Afghanistan, Djibouti, Egypt, Jordan, Lebanon, Syria, Yemen, Uzbekistan, or any other country determined relevant by the VA.

 **Note:** The VA has not determined any additional countries 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 the Resolute Support Mission.

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

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

Benefits of Enrolling in VA Health Care

The VA offers a variety of health care services, from basic primary care to nursing home care, for eligible Veterans. Refer to the “Medical Benefits Package” on page 24 for a detailed list of benefits and services.

As America’s largest integrated health care system, the VA serves more than 6 million Veterans each year. If the VA is unable to provide certain services in-house or in a timely manner, you may be referred to an in-network community provider at the same cost as if you had been seen by VA providers.

Why Enroll in VA Health Care?

- **Minimum Essential Coverage:** VA health care meets the minimum essential coverage requirements under the Affordable Care Act (ACA).
- **High-Quality Care:** Medical care provided by the VA is rated among the best in the United States.
- **Convenient Enrollment:** There is no open season or waiting period for health care coverage. Veterans can apply for VA health care enrollment at any time.
- **Cost-Effective:** There are no enrollment fees, monthly premiums, or deductibles. Many Veterans have no out-of-pocket costs, though some may have to pay copayments for health care or prescription drugs.
- **Extensive Network:** With more than 1,700 VA medical facilities, enrolled Veterans who travel or spend time away from their preferred facility can obtain care at any VA health care facility nationwide without needing to reapply.
- **Flexibility:** Veterans can use other plans alongside VA health care, including Medicare, Medicaid, or private insurance. TRICARE and CHAMPVA can also be used for VA services if you choose to be seen under those benefits.
- **Comprehensive Care:** The VA offers a comprehensive medical benefits package that is generally available to all enrolled and eligible Veterans.

For more information, please refer to the “Medical Benefits Package” on page 24.

High Quality Care

The VA is dedicated to providing the high-quality, effective health care that Veterans have earned and deserve. Our commitment to safe and exceptional care is consistently recognized by independent reviews, accreditation organizations, and experts. The VA continuously improves health care quality by leveraging new technologies, conducting research, and partnering with other health care organizations. For more information, please visit www.accesstocare.va.gov.

Medical Care Abroad for Veterans with a Service-Connected Disability

Veterans with a VA-rated service-connected condition, a disability associated with and considered to be aggravating a VA-rated service-connected disability, or those receiving certain care as part of a rehabilitation program under 38 U.S.C., Chapter 31, can receive treatment for that condition even in a foreign country. For more details, refer to “Getting Care Abroad for Service-Connected Conditions” on page 36.

There are several ways to enroll in VA health care. Let us guide you through the options:

Online



Veterans can fill out the application online at www.va.gov/health-care/apply/application and submit it electronically to the VA for processing. The VA will look up your military service information and may contact you for additional documents, as needed.

By Phone



You can complete your application for enrollment in VA health care over the phone. Call 877-222-VETS (877-222-8387) between Monday and Friday, 8 a.m. to 8 p.m. ET. VA staff will gather the necessary information and process your application for an enrollment determination.

By Mail



Download the application form from www.va.gov/health-care/how-to-apply. Once completed and signed, mail it to:

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

In Person



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

Choose Your Care Location

During the enrollment process, Veterans can select their preferred VA Health Care System or Community-Based Outpatient Clinic (CBOC). To find a facility near you, visit VA's directory at www.va.gov/find-locations.

Financial Reporting Requirements

Many Veterans qualify for enrollment and cost-free health care services due to a compensable service-connected condition or other qualifying factors. However, some Veterans will need to complete a financial assessment when enrolling to determine their eligibility for cost-free medical care, medications, and travel benefits. This assessment includes the previous year's gross household income of the Veteran, spouse, and dependents. This financial information may also determine your enrollment priority group. Certain Veterans may have to pay copayments for treatment of non-service-connected conditions and extended stays in VA medical facilities.

For more information, visit Your Health Care Costs at www.va.gov/resources/your-health-care-costs or call 877-222-VETS (877-222-8387) between Monday and Friday, 8 a.m. to 8

p.m. ET. You can also contact the Enrollment Coordinator at your local VA medical facility.

Note: Once enrolled, you are not required to provide financial information annually. The VA uses data from the Internal Revenue Service (IRS) and Social Security Administration (SSA) to keep your financial information up-to-date.



Enrollment Priority Groups: What Are They and How Do They Work?

The VA administers medical benefits through a patient enrollment system based on Priority Groups (PGs). These groups help ensure health care benefits are accessible to all enrolled Veterans. If you qualify for more than one PG, the VA will place you in the highest priority group for which you are eligible.

Priority Group 1

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

Priority Group 2

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

Priority Group 3

- Veterans who are former Prisoners of War (POWs).
- Veterans awarded a Purple Heart medal.
- Veterans discharged for a disability incurred or aggravated in the line of duty.
- Veterans with service-connected disabilities rated by the VA as 10% or 20% disabling.
- Veterans with disability compensation suspended due to receiving military retired pay.
- Veterans receiving compensation at the 10% rate for multiple non-compensable service-connected disabilities that interfere with normal employability.
- Veterans awarded special eligibility classification under Title 38, U.S.C., 1151, "benefits for individuals disabled by treatment or Veteran Readiness & Employment (VR&E)."

Priority Group 4


- Veterans receiving aid and attendance (A&A) or housebound benefits from the VA.
- Veterans determined by the VA to be catastrophically disabled.

Priority Group 5

- Veterans with annual household income below the VA's national and geographically adjusted income limit who are non-service-connected (NSC) or non-compensable 0% service-connected (SC).
- Veterans receiving VA pension benefits.
- Veterans 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 income 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:** Veterans with a non-compensable 0% service-connected disability, enrolled as of Jan. 17, 2003, who have remained enrolled since that date or whose eligibility status has changed.
 - **Sub-priority b:** Veterans with a non-compensable 0% service-connected disability, who 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 non-service-connected and:
 - **Sub-priority c:** Veterans who are non-service-connected, enrolled as of Jan. 17, 2003, who have remained enrolled since that date or whose eligibility status has changed.
 - **Sub-priority d:** Veterans who are non-service-connected, 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%.

 **Note:** Veterans may receive care for their service-connected condition.

- Sub-priority e: Non-compensable 0% service-connected
- Sub-priority g: Non-service-connected Veterans.

Appealing Decisions

Veterans can appeal any decision regarding VA health care benefits or other VA services by providing new evidence or information for reconsideration. For more information about your appeal options, 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. If you are dual-eligible, you will need to choose which benefit to use for each date of service and sign an affirmation form beforehand. Selecting TRICARE may involve no copayments but cost shares might apply. Choosing CHAMPVA typically means no cost shares or copayments when seen within the VA system.

The VA provides care to eligible Veterans through community providers when VA cannot provide the needed care. Receiving care in the community depends on specific eligibility requirements, availability of VA care, and the individual needs and circumstances of the Veteran. For more information, visit Community Care for Veterans at www.va.gov/communitycare.

Urgent Care in the Community

The VA offers urgent care services to eligible Veterans at VA medical facilities or in-network urgent care clinics for minor injuries and illnesses like colds, strep throat, sprained muscles, skin, and ear infections, or other non-life-threatening conditions. To be covered, you must be enrolled in the VA health care system and have received care through the VA or a community health care provider within the last 24 months. No preauthorization is required.

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 clinics are part of the VA's community provider network.

Emergency Care

In a medical or mental health emergency, Veterans should seek immediate medical attention without delay. There is no need to check with the VA before calling an ambulance or going to an emergency room. Eligible Veterans can receive VA-authorized emergency care at an in-network facility if the VA is notified within 72 hours of the start of care. Reporting your visit to a community emergency room promptly allows the VA to assist in coordinating your care or transfer and helps meet administrative and clinical requirements for VA to cover the costs.

To find an in-network emergency provider, visit VA's location finder at www.va.gov/find-locations.

Reporting Emergency Treatment to the VA

Ask your emergency provider to report your treatment to the VA by using the Emergency Care Reporting (ECR) portal at <https://emergencycarereporting.communitycare.va.gov/compliance> or calling 844-72HRVHA (844-724-7842). Reporting through ECR alerts the local VA Medical Center (VAMC) and helps with care coordination. If you need urgent or emergent transfer or care, contact your local VA medical facility.

Veterans, someone acting on their behalf, or eligible entities/providers can also report emergency care to the nearest VA facility. Only one notification is needed.

Emergency Care 72-Hour Notification

In-network community providers must report a Veteran's visit to a community emergency room within 72 hours of the start of emergent care. Out-of-network providers are encouraged to report as soon as possible. Use one of these options to report emergency services:



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

VA Payment for Service-Connected Emergency Care

VA typically limits payment to the point when your condition is stable enough for you to be transferred to a VA facility. To ensure coverage, you or your representative should notify the VA within 72 hours of admission by calling 844-72HRVHA (844-724-7842). Once notified, VA staff will help coordinate necessary care or transfer and explain eligibility and how it applies to services provided in the community.

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

VA may pay for your community emergency care:

If you are service-connected, the VA may pay for your:

- Community emergency care for a VA-rated service-connected disability
- Care for a non-service-connected condition that is associated with and aggravates your service-connected condition
- Treatment to enable or continue participation in a training course if you are an active participant in the 38 U.S.C. Chapter 31 Veteran Readiness and Employment (VR&E) program
- Care if you are rated as having a total disability that is permanent in nature (P&T) resulting from your service-connected disability
- Care for other approved reasons

VA Payment for Non-Service-Connected Emergency Care

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

- The episode of care cannot be covered under another VA authority.
- Based on an average knowledge of health and medicine (prudent layperson standard), it could reasonably be 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 the 24 months 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.

Sharing Your VA Health Information

VA and your community care providers share your health information securely to coordinate your care more effectively.

More Information:



- **Visit:** www.va.gov/vhie
- **In Person:** Talk to your local Release of Information Office
- **Call:** 877-771-8537

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

You'll receive a "Welcome to VA" phone call from VA staff and a personalized Veterans Health Benefits Handbook in the mail. During the call, we will answer your questions, provide information about your health benefits and other VA services, and schedule your initial VA health care appointment. The handbook will detail your specific VA health care benefits in an organized, easy-to-read format, including 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

While enrolled, it is important to update or report any changes to your address, phone number, email, name, and health insurance. Keeping your information accurate allows the VA to keep you informed about benefits and services updates. Each VA organization needs to be notified of your demographic and personal information changes.

Types of Veteran ID Cards

The VA offers two types of identification cards to verify you are a Veteran:

Veteran Identification Card (VIC)

The VIC is a photo ID available to Veterans who are not eligible for enrollment in VA health care. It can be used to obtain promotional discounts and other services at many restaurants, hotels, stores, and other businesses. For more information and to apply, visit www.va.gov/records/get-veteran-id-cards/vic.

Veteran Health Identification Card (VHIC)

The VHIC is issued to enrolled Veterans for use at VA health care facilities as proof of identity and for appointment check-ins. While not required for health care, the VA recommends all enrolled Veterans request one.

To obtain a VHIC:

- Visit your local VA health care facility and have your photo taken. Provide one valid photo ID (driver's license, passport, or other federal, state, or local photo ID with your current address).
- If your address is not on the photo ID, you can provide separate documentation to verify your address (e.g., electric bill, cable bill, voter registration card).

You should receive your VHIC in the mail within 10 business days if you live in the U.S. If you live outside the U.S., it should arrive within 30 business days.

You can also request a VHIC through the VHIC self-service portal:

- Visit <https://eauth.va.gov/accessva>
- Select “I am a Veteran” and choose the “VHIC” button

Authentication will require using one of the following:

- ID.me
- Login.gov
- DS login

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

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: 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 a.m. and 8 p.m. ET. Replacement cards for lost or stolen VHICs 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'll be notified via phone, mail, or text message of the appointment date and time. If you need health care before your scheduled appointment, 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 coordinate internal/direct and community care appointments.

You Will Be Assigned a Personal Care Team

Every Veteran who enrolls in Primary Care is assigned to a Patient Aligned Care Team (PACT) that will help coordinate and personalize your care. Every PACT includes a primary care provider, nurse care manager, clinical associate, and an administrative clerk. Your PACT will assist with accessing care face-to-face and virtually, as well as other integrated services needed to optimize your 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

The VA wants to ensure your health care is coordinated and seamless. If you are traveling, temporarily relocating (for example, living in different states seasonally), or permanently relocating, your care experience will be enhanced if you contact your VA PACT or specialty care provider(s) four to six weeks before traveling or relocating, or as soon as possible.

When you contact your PACT, be sure to have the following information:

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

Your care at an alternate VA health care facility will be recorded in your electronic medical record for follow-up treatment with your PACT. 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 various VA settings, such as a clinic, hospital, emergency room, VA Community Living Center, or your own residence. 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, allowing you 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.

The Affordable Care Act (ACA) aims to provide better access to health care, manage costs, and improve the quality and coordination of care. It does not affect VA health care benefits, CHAMPVA, or the out-of-pocket costs for eligible Veterans and their families.

Here are three important points to know:

- 1. Commitment to Veteran Health Care:** VA is dedicated to ensuring all Veterans receive health care that enhances their health and well-being.
- 2. Coverage under ACA:** If you are enrolled in any of these VA health care programs, you meet the ACA coverage standards:
 - VA health care program
 - Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA)
 - Spina Bifida health care benefits program
- 3. Enrollment Flexibility:** If you are not currently enrolled in VA health care, you can apply at any time.

Additional Information:

- Enrolled Veterans will receive IRS Form 1095-B electronically through their VA.gov account. This form provides details about the health care coverage provided by the VA in the previous year. For information on accessing your form, visit news.va.gov/144618/changes-to-how-you-get-irs-form-1095-b-from-va.
- For more details on the ACA, CHAMPVA, and VA health care, visit www.va.gov/health-care/about-affordable-care-act or call 877-222-VETS (877-222-8387) Monday through Friday, between 8 a.m. and 8 p.m. ET.

Health Insurance Options for Non-eligible Veterans and Families:

- Veterans and family members who aren't eligible for VA health care and don't have employer-provided health insurance can obtain coverage through their state's Marketplace by visiting www.healthcare.gov.

For additional questions or support, feel free to reach out. We're here to help!

Urgent Care (Community Care)

Veterans may have different copayments for urgent care compared to other VA medical services. Copayments are based on your priority group and how often you use urgent care within a year. These charges are billed separately. Veterans can visit urgent care an unlimited number of times.

Priority Group	Copayment Amount
1-5	First three visits (per calendar year): \$0 - Fourth and subsequent visits (per calendar year): \$30
6	If related to a condition covered by special authority: - First three visits (per calendar year): \$0 - Fourth and subsequent visits (per calendar year): \$30 - If not related to a condition covered by special authority: \$30 per visit
7-8	\$30 per visit
1-8	No copay for visits that are just for a flu shot

Outpatient Care

Outpatient care includes primary and specialty care services that don't require an overnight stay. Veterans with a 10% or higher service-connected rating do not pay copayments for outpatient care.

Type of Outpatient Care	Copayment Amount
Primary Care Services	\$15 per visit
Specialty Care Services	\$50 per visit

Inpatient Care

Inpatient care involves being admitted to a hospital. There are full and reduced inpatient copayment rates. Veterans in high-cost areas may qualify for reduced rates. Veterans with a 10% or higher service-connected disability rating do not pay inpatient copayments.

Priority Group	Period of Service/Care	Copayment Amount (2023)
7	First 90 days of care during a 365-day period	\$320 + \$2 per day charge
7	Each additional 90 days of care during a 365-day period	\$160 + \$2 per day charge
8	First 90 days of care during a 365-day period	\$1,600 + \$10 per day charge
8	Each additional 90 days of care during a 365-day period	\$800 + \$10 per day charge

Medications

Veterans pay medication copayments for each prescription, including all 30-day supplies for non-service-connected conditions. Copayments are also charged for over the counter (OTC) medications (like aspirin, cough syrup, and vitamins) that are dispensed from a VA pharmacy. Veterans in Priority Group 1 do not pay for medications. Veterans in Priority Groups 2-8 pay different amounts based on the medication tier and supply duration. The annual copayment cap for medications is \$700 for Priority Groups 2-8.

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

Extended Care Services (Long-Term Care)

Long-term care copayments are based on the level of care (refer to "Available Long-Term Care Services" on page 25)

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 start on the 22nd day of care within any 12-month period. Actual charges vary based on financial information submitted by the Veteran on VA Form 10-10EC (Application for Extended Care Services).

Cost-Free Care for Certain Veterans

Many Veterans qualify for copayment-exempt health care and medications based on criteria such as:

- 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 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

- Catastrophically Disabled, as determined by VA
- Income below VA's thresholds
- Special registry examinations
- Military Sexual Trauma counseling and care
- Compensation and pension examinations requested by VBA
- Care that is part of a VA-approved research project
- Care for service related to active duty service at Camp Lejeune for at least 30 days between Jan. 1, 1957, and Dec. 31, 1987
- Readjustment counseling and mental health services
- Head or neck cancer treatment caused by nose or throat radium treatments in the military
- Breast cancer screening for toxic exposure
- Smoking cessation or weight reduction services
- Publicly announced VA initiatives, such as health fairs
- Care related to service in a combat theater after Nov. 11, 1998, within 10 years of most recent discharge
- Lab tests or EKGs/ECGs
- Veterans identified as Indian or Urban Indian

Copayment Options

VA offers various services to help Veterans manage copayments, including financial assistance:

- 1. Hardship Determination:** Exempts Veterans from outpatient and inpatient copayments for the rest of the calendar year if household income is significantly lower than the previous year. Contact your local VA medical center's enrollment coordinator to apply.
- 2. Waiver:** Request a waiver for part or all debt by applying online at www.va.gov/manage-va-debt or submitting VA Form 5655 to your local VA facility. For more info, call customer service at 866-400-1238, Monday to Friday, from 8 a.m. to 8 p.m. ET.
- 3. Offer in Compromise:** Propose a lesser amount as full settlement of your debt by submitting a request along with VA Form 5655.
- 4. Repayment Plans:** Establish a payment plan by submitting VA Form 1100 to your local VA facility. For more information, call 866-400-1238, Monday to Friday, from 8 a.m. to 8 p.m. ET.

Debt Collection

After 120 days, unpaid debts are referred to the Department of Treasury for collection, and VA can no longer accept payments.

Catastrophically Disabled Veterans

Veterans identified by a VA health care provider as catastrophically disabled are enrolled in Priority Group 4 and receive cost-free medical care and medications but may still have copayments for long-term care. To be considered catastrophically disabled, Veterans must have a severe condition that requires personal or mechanical assistance with daily activities. Request a catastrophic disability examination by contacting your local VA health care facility's enrollment coordinator.

For additional information and forms, please visit the www.va.gov/find-forms.

For any further questions, concerns, or more details, feel free to reach out to VA customer service at 866-400-1238. We're here to assist you!

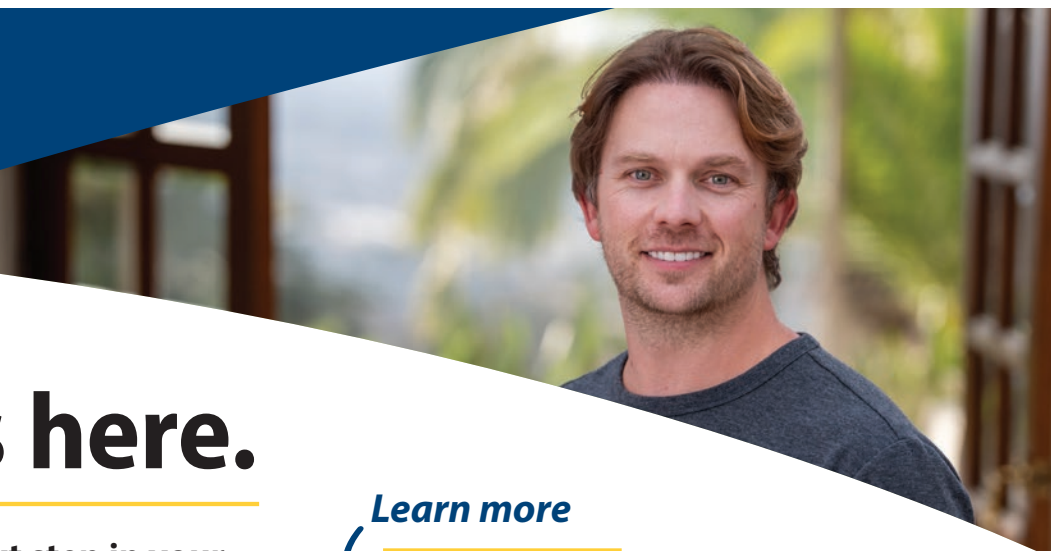
Help starts here.

Veterans: Welcome to the next step in your healing and recovery. VA provides a variety of mental health treatments and services to meet your needs.

Connect with mental health care in person at your local VA facility or Vet Center, over the phone, or using telehealth video tools.

Visit MentalHealth.va.gov.

Learn more



If you have health coverage through VA and another plan, you can keep using both. It's helpful to inform your VA health care provider if you're also getting care outside of the VA to ensure all your health care is coordinated properly.

Private Health Insurance

When Veterans have both VA health care and private insurance, community health care providers should only bill VA for non-emergency care that VA has authorized. If you receive emergency care in a community facility for a service-connected condition, make sure the bill is sent to the VA. VA will handle it under your benefits package, and your private insurance should not be billed for service-connected care.

If you want to use your VA benefits for community care, only VA should be billed, and VA will bill your Other Health Insurance (OHI) if necessary. However, VA has limitations on covering emergency care at community facilities when you also have other health insurance. If your other insurance does not fully cover the treatment costs, VA may cover some of the costs you are personally liable for, unless the payment was denied due to a failure to comply with your health plan's rules.

VA must bill other health plans for medical care, supplies, and prescriptions for non-service-connected conditions. All Veterans applying for VA health care must provide information about their health plan coverage, including coverage under their spouse's policy if applicable. The VA health care benefit is not considered a health insurance plan.

Enrolled Veterans can update their insurance information by:

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

Medicare Coverage

Creditable Coverage

Enrollment in the VA health care system counts as creditable coverage for Medicare Part D, which means VA prescription drug coverage is as good as Medicare Part D coverage. However, only Veterans can enroll in VA health care, so their dependents and family members do not receive credible coverage under the Veteran's enrollment.

VA does not recommend canceling or declining Medicare or other health plans just because you are enrolled in VA health care. VA usually does not provide care for Veterans' dependents and family members. Additionally, Veterans who cancel Medicare Part B would need to wait until January of the following year to re-enroll. There's no guarantee that Congress will provide sufficient funds for VA to care for all priority groups in future years. Having a secondary source of coverage is often in the best interest of Veterans.

For more information about health insurance, visit www.va.gov/health-care/about-va-health-benefits/va-health-care-and-other-insurance.

Enrolling in both VA and Medicare can provide Veterans with more flexibility.

Medicare Part A comes at no extra cost, but Part B includes a monthly premium. Some Veterans may delay Part B enrollment if they have other coverage, such as employer coverage. However, delaying Part B enrollment and deciding to enroll later will result in a monthly penalty. VA health coverage does not prevent this penalty.

Veterans should bring their Medicare cards to their next VA appointment to update their private health insurance information. For more details on Medicare, visit www.medicare.gov.

Your 1095-B Form is Just a Click Away!

Starting January 31, 2026, you can easily access your IRS Form 1095-B online through your VA.gov account. This is the fastest way to get your copy.

Veterans

Access your form online at www.va.gov/records/download-your-irs-1095-b.

Prefer a paper copy? No problem! Simply call us at 877-222-VETS (8387), available Monday through Friday, from 8 a.m. to 8 p.m. ET.

Family Members

If you are enrolled in one of the following programs and need a copy of IRS Form 1095-B, you can request one by phone:

CHAMPVA

Call 800-733-8387 (TTY: 711), Monday through Friday, 8 a.m. to 7:30 p.m. ET.

Spina Bifida Health Care Benefits Program or Children of Women Vietnam Veterans (CWVV) Health Care Benefits Program

Call 833-930-0816, Monday through Friday, 8 a.m. to 6:45 p.m. ET.

For fast and easy access to your important tax documents, visit VA.gov today!

Your comprehensive VA health benefits package provides all the inpatient hospital care, outpatient services, and extended care you need to maintain, restore, or improve your health. VA medical facilities offer a broad range of services including surgery, critical care, mental health care, orthopedics, pharmacy, radiology, and physical therapy. Additionally, most facilities provide specialty services such as audiology, dermatology, dental care, geriatrics, neurology, oncology, podiatry, prosthetics, urology, and vision care. Some even offer advanced services like 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, monitoring, and 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 for high-risk groups
- Health education programs

Ambulatory (Outpatient) Diagnostic and Treatment Services

- Primary and specialty care
- Emergency care
- Surgical services (including reconstructive/plastic surgery for disease or trauma)
- Mental health and substance abuse treatment
- Durable medical equipment
- Prosthetic and orthotic devices (including eyeglasses and hearing aids for qualifying Veterans)

Hospital (Inpatient) Diagnostic and Treatment Services

- Medical care
- Surgical services (including reconstructive/plastic surgery for disease or trauma)
- Mental health and substance abuse treatment

Prescription Drugs

Prescription drugs, including OTC medications and medical supplies, are available under the VA national formulary system when prescribed by a VA health care provider.

Counseling

Immediate family members, legal guardians, or individuals in the Veteran's household may be eligible for consultation, professional counseling, marriage and family counseling, training, and mental health services related to the Veteran's treatment.

Rehabilitation Services

Comprehensive rehabilitation services other than vocational services provided under 38 U.S.C. Chapter 31.

Meeting Women Veterans' Unique Needs

Your local VA facility offers services tailored to women, ensuring privacy, dignity, and sensitivity. These services include:

- Women-specific health screenings and disease prevention
 - Routine gynecology and fertility treatments
 - 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 can receive care in the community when authorized by VA. Contact your local Women Veterans Program Manager or call 855-VA-WOMEN (855-829-6636) for more information.

Available Long-Term Care Services

VA Community Living Centers

Some Veterans qualify for indefinite Community Living Center (nursing home) services, while others may qualify for a limited time.

Domiciliary Care

Provides rehabilitative and long-term health maintenance for Veterans who need some medical care but not full nursing home services, emphasizing rehabilitation and community reintegration.

Medical Foster Home

Trained caregivers provide services to Veterans in private homes that VA inspects and approves. Contact your VA social worker or case manager for more information.

State Veterans Homes

State Veterans Homes offer nursing home, domiciliary, or adult day care. Contact the home directly or your local VA facility's Social Work Service for more details.

Additional Services

- **Geriatric Evaluation:** Assessments to create care plans including treatment, rehabilitation, and social services.
- **Geriatrics and Extended Care:** Services for elderly Veterans with complex needs and those requiring daily support.
- **Adult Day Health Care:** Day programs for social activities, peer support, and help with daily living activities.
- **Respite Care:** Provides a break for family caregivers by offering temporary care for Veterans.
- **Home Health Care:** Includes services offered by the VA include Skilled Home Health Care Services (SHHC), Homemaker and Home Health Aide Services (H/HHA), and the Family Caregivers Program. SHHC provides short-term care for homebound Veterans or those living far from VA facilities, delivered by community-based home health agencies contracted with the VA. H/HHA services help Veterans of any age remain in their own homes. The Family Caregivers Program supports caregivers of post-9/11 Veterans and service members who are being medically discharged, offering a stipend, training, mental health services, travel and lodging reimbursement, and health insurance if needed. For more information, visit www.va.gov/health-care/about-va-health-benefits/long-term-care, contact your local VA medical facility to speak with a caregiver support coordinator, visit www.caregiver.va.gov, or call 855-260-3274, Monday through Friday, 8 a.m. to 8 p.m. ET.
- **Home Telehealth:** Remote monitoring of medical conditions by VA health care providers.
- **Hospice/Palliative Care:** Comfort-based care for Veterans with terminal conditions.

Veterans not automatically exempt from copayments for long-term care must complete VA Form 10-10EC (Application for Extended Care Services) to determine the extent of required payments.

Special Eligibility Criteria Benefits

Certain care services may have limitations and special eligibility criteria, including ambulance services, dental care, community health care services, and emergency care.

Hearing Aids and Eyeglasses

VA may provide hearing aids, contact lenses, and eyeglasses to enrolled Veterans who receive VA care or services, if they meet any of the following criteria:

- Veterans with any compensable, service-connected disability
- Former prisoners of war (POWs)
- Veterans awarded a Purple Heart
- Veterans receiving benefits under 38 U.S.C. 1151 (for disabilities from treatment or VR&E)
- Veterans receiving increased pension based on the need for aid and attendance (A&A) benefits or due to being permanently housebound (HB)
- Veterans with a visual or hearing impairment resulting from another medical condition being treated by VA

- Veterans with significant functional or cognitive impairment that affects daily living activities (not including normally occurring visual or hearing impairments)
- Veterans with severe visual or hearing impairment who need aids to ensure active participation in their medical treatment
- Veterans with a 0% service-connected hearing disability

For more information, see 38 Chapter I CFR 17.149.

Advance Care Planning

Advance care planning involves deciding your health care preferences for the future. This might include completing an advance directive or participating in a “goals of care” conversation.

- **Advance Directive:** A legal document that describes your health care preferences and names a health care agent.
- **Goal of Care Conversation:** Discuss your values and goals with your health care team to create a treatment plan.

Medically Related Travel Benefits

Veterans Transportation Service (VTS)

The Veterans Transportation Service (VTS) offers free transportation to qualifying Veterans and other VHA beneficiaries to and from participating VA medical facilities and VA-authorized community care appointments. Priority is given to those with the greatest need and urgency. VTS aims to improve 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.

Beneficiary Travel (BT) Program

The Beneficiary Travel (BT) program reimburses eligible Veterans for travel costs to and from VA medical facilities and VA-authorized community care appointments. The BT program also offers pre-approved transportation solutions and can arrange special mode transportation (SMT) if requested by VA.

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 condition
- Are receiving a VA pension
- Are traveling for a scheduled C&P examination not covered by other means
- Have income below the maximum annual VA pension rate

Under Section 250 of Public Law 114-223, effective October 1, 2016, eligibility extends to:

- Veterans with vision impairment
- Veterans with a spinal cord injury or disorder

- Veterans with a double or multiple amputation
- Veterans receiving care through a special disability rehabilitation program including spinal cord injury centers, blind rehabilitation centers, and prosthetics rehabilitation centers

Other eligible conditions include:

- Veterans traveling to obtain, train, and return with a service dog prescribed by a VA clinical team and approved by VA
- Beneficiaries of other federal agencies when authorized
- Allied beneficiaries authorized by appropriate foreign government agency
- Caregivers under the National Caregivers Program
- Medically required attendants
- VA transplant care donors and support persons
- Other claimants as per current regulatory guidelines

Conditions for Special Mode of Transport (SMT) Approval

Veterans may be eligible for SMT if they:

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

SMT includes:

- Ambulance
- Ambulette (stretcher)
- Air ambulance
- Wheelchair van
- Other transportation designed specifically for disabled persons

SMT does not include non-specialized transportation such as:

- Bus, subway, or taxi
- Train
- Airplane
- Modified privately-owned vehicles with special adaptive equipment

Mileage Reimbursement

Veterans can claim mileage reimbursement at 41.5 cents per mile per 38 USC 111 for travel to qualified appointments. Reimbursement for actual costs of common carrier travel (bus, train, taxi) is also available in some cases. For more information on travel benefits, visit www.va.gov/health-care/get-reimbursed-for-travel-pay.

How to Apply for Your Beneficiary Travel

You can submit claims for mileage and travel expenses using the Beneficiary Travel Self-Service System (BTSSS):

- Submit claims online 24/7, 365 days a year
- Track the status of submitted claims
- Reduce claim processing time
- Use self-help tools for easy claim submissions

Visit <https://eauth.va.gov/accessva> and select “Submit a Travel Claim” to log in using an ID.me, My HealthVet, or LOGIN.gov account.

Alternatively, you can file a claim using VA Form 10-3542 (Veteran/Beneficiary Claim for Reimbursement of Travel Expenses). For assistance, contact your local VA medical facility Beneficiary Travel Office or visit www.va.gov/resources/how-to-file-a-va-travel-reimbursement-claim-online.

Deductible Information

Travel benefits are subject to a deductible. Exceptions include:

- Receipt of a VA pension
- Travel for a C&P exam
- Travel by ambulance or 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/.

If you have any questions or need further assistance, don't hesitate to reach out. We're here to support you!

Dependents, Survivors and Certain Caregivers

CHAMPVA

CHAMPVA is a health care benefits program for:

- Dependents of Veterans with a total and permanent service-connected disability as rated by the VA
- Survivors of Veterans who died from a service-connected condition or were rated permanently and totally disabled at the time of their death
- Survivors of individuals who died in the line of duty, provided the death was not due to misconduct
- Certain caregivers without other health insurance (OHI), including Medicare and Medicaid, and not eligible for DoD's TRICARE program

Contact Information:



CHAMPVA
PO Box 469063
Denver, CO 80246-9063
Phone: 800-733-8387
Questions: <https://ask.va.gov>

Online Information: www.va.gov/COMMUNITYCARE/programs/dependents/champva

Children of Women Vietnam Veterans Health Care Benefits

This program is for birth children of women Vietnam Veterans who have one or more covered birth defects.

Contact Information:



Children of Women Vietnam Veterans
PO Box 469065
Denver, CO 80246-9065
Phone: 888-820-1756
Questions: <https://ask.va.gov>

Online Information: www.va.gov/COMMUNITYCARE/programs/dependents/cwvv

Spina Bifida Health Care Benefits

This program is for the birth children of Vietnam Veterans, certain Korea Veterans, and certain Thailand service Veterans diagnosed with spina bifida (excluding spina bifida occulta) who receive benefits from the Veterans Benefit Administration.

Contact Information:



Spina Bifida Health Care

PO Box 469065

Denver, CO 80246-9065

Phone: 888-820-1756

Questions: <https://ask.va.gov>

Online Information: www.va.gov/communitycare/programs/dependents/spinabifida

Camp Lejeune Water Contamination Benefits

If you lived or worked at U.S. Marine Corps Base, Camp Lejeune from the 1950s through the 1980s, you might have been exposed to contaminated drinking water. Veterans who served for at least 30 days between August 1, 1953, and December 31, 1987, may qualify for VA medical care for specific health conditions, including various cancers, female infertility, and other serious health issues. For more information, visit www.va.gov/disability/eligibility/hazardous-materials-exposure/camp-lejeune-water-contamination.

Contact Information: For claims and more information, contact the Veterans Benefits Administration

Phone: 800-827-1000

Online Claims: www.va.gov/disability/how-to-file-claim

Veterans enrolled in VA health care should contact their local VA health care facility. For assistance determining eligibility, call 877-222-VETS (877-222-8387).

Family Members: The Camp Lejeune Family Member Program offers financial assistance for family members who resided there during the specified period.

Apply online: www.clfamilymembers.fsc.va.gov/#start

VA Form 10-10068: www.va.gov/VA_Form_10-10068.pdf

Contact Information:



Department of Veterans Affairs

Financial Service Center

P.O. Box 149200

Austin, TX 78714-9200

Phone: 866-372-1144

Website: www.clfamilymembers.fsc.va.gov

For Camp Lejeune water contamination updates: www.publichealth.va.gov/exposures/index.asp

VA Dental Insurance Program

At the VA, we believe every Veteran deserves access to quality dental care. While we can only provide full dental benefits to Veterans who meet specific eligibility criteria, we do offer a solution for those who don't qualify or need more comprehensive care. The VA Dental Insurance Program (VADIP) allows enrolled Veterans and CHAMPVA beneficiaries to purchase dental insurance at a reduced cost.

What VADIP Offers:

- Discounted dental insurance covering diagnostics, preventive care, endodontic and other restorative services, surgery, and emergency care.
- Plans available through Delta Dental and MetLife.

Key Details:

- You pay the entire premium plus any copayments.
- Enrollment is voluntary and does not affect your eligibility for VA outpatient dental services.

Eligibility:

- Available to all enrolled Veterans and beneficiaries of CHAMPVA in the U.S., including territories like Puerto Rico, Guam, the U.S. Virgin Islands, American Samoa, the Philippines, and the Commonwealth of the Northern Mariana Islands.

Want More Information?

- Call 877-222-VETS (877-222-8387) Monday through Friday, 8 a.m. to 8 p.m. ET.
- Visit www.va.gov/health-care/about-va-health-benefits/dental-care/dental-insurance.

Contact for Plans:

- **Delta Dental:** Call 855-460-3302.
- **MetLife:** Call 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 can receive emergency suicide care.

VA Services Include:

- **Treatment coverage:** The VA provides, pays for, or reimburses treatment for emergency suicide care, transportation costs, and follow-up care at both VA and non-VA facilities.
- **Care duration:** Up to 30 days for inpatient or residential care and up to 90 days for outpatient care, with possible extensions if necessary.
- **Referrals:** Appropriate referrals for care after the emergency period.
- **Eligibility determination:** Assessment for other VA services and benefits.
- **Program referrals:** Referrals to suitable VA programs and benefits following the emergency period.

Eligibility: Eligible individuals, regardless of VA enrollment status, include:

- **Veterans:** Those who served in active military, naval, air, or space service and were discharged under conditions other than dishonorable after completing 24 months of continuous active service.
- **Former members of the armed forces:** Including reserve service members discharged under conditions other than dishonorable or by court-martial, and who 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 a different location.
 - Were victims of physical assault of a sexual nature, 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 available to Veterans in crisis, their families, and friends. It connects you with qualified, caring VA responders who are ready to help.

If you or a Veteran you know is in crisis or having thoughts of suicide, reach out for support 24/7/365:



- **Call:** Dial 988 and press 1
- **Chat online:** www.Veteranscrisisline.net
- **Text:** Send a text to 838255

You don't need to be registered with the VA or enrolled in VA health care to access this support.

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

Military Sexual Trauma (MST)

Military Sexual Trauma (MST) includes physical assault of a sexual nature, battery of a sexual nature, or sexual harassment that occurred while a former member of the armed forces was serving on duty.

Important Points About MST:

- There are no restrictions on when or where it happened.
- It can occur on or off duty.
- It can happen at or away from the assigned duty station.
- There are no restrictions on the identity of the alleged perpetrator.
- It affects service members of any sex.

Evaluation and Care: Veterans who are not eligible for other VA care can still be evaluated by a VA clinician at no cost to determine if there are any MST-related health conditions that require treatment.

Inpatient, Outpatient, and Residential Services

The VA offers free outpatient, inpatient, and residential services to both male and female Veterans recovering from MST:

- **Outpatient Services:** Available at every VA health care facility.
- **Specialized MST Treatment:** Provided in residential or inpatient settings for Veterans needing more intensive treatment and support.

For More Information:

- **Contact:** Reach out to the MST Coordinator at your nearest VA medical facility.
- **Resources:** Visit www.mentalhealth.va.gov/msthome for additional details.
- **Facility Directory:** Find a nearby VA or Vet Center facility at www.va.gov/directory.

We are here to support your recovery. Please reach out for the care and assistance you need.

Readjustment Counseling Services

VA offers free counseling and social services to Veterans and active duty service members, including National Guards and Reserves, to help transition from military to civilian life.

Contact Information:



Phone: 877-WAR-VETS (927-8387)

More Info: www.vetcenter.va.gov/Vet_Center_Services.asp

Veterans Involved in the Criminal Justice System

If you are a Veteran involved in the criminal justice system, it's important to understand how your VA benefits might be affected by incarceration. This varies based on the type of benefit and whether your conviction is for a misdemeanor or felony.

Key Points:

- Incarceration does not cancel your VHA eligibility.
- The VA cannot provide hospital and outpatient care while you are an inmate in a government institution that is responsible for your care.
- The VA can provide care after your release.

For More Information, visit www.benefits.va.gov/persona/Veteran-incarcerated.asp

The VHA offers two programs to help Veterans involved in the criminal justice system connect to health care and benefits after release.

1. Health Care for Reentry Veterans Program:

- Assists Veterans incarcerated in state or federal prisons.
- For more information, visit www.va.gov/homeless/reentry.asp

2. Veterans Justice Outreach Program:

- Helps Veterans in local county or city jails or those under the supervision of local treatment courts, including Veterans Treatment Courts.

We are here to support you. Reach out for assistance with your health care and benefits as you transition after incarceration. For more information, visit: www.va.gov/homeless/vjo.asp.

Veterans or Dependents Verified as Fugitive Felons

Under current law, the VA cannot provide benefits to Veterans and their dependents if they are in fugitive felon status.

- Veterans and dependents must provide proof that their felony warrant has been resolved within 60 days of notification.
- If proof is not provided within 60 days, VA benefits will be terminated.
- VA benefits will be restored once the VA receives proof that the felony warrant has been satisfied.

Homeless Veterans

The VA's National Call Center for Homeless Veterans (NCCHV) offers free, 24/7 access to trained counselors for Veterans who are homeless or at risk of homelessness.

- Assists homeless Veterans and their families
- Supports VA medical facilities, federal, state, and local partners
- Helps community agencies, service providers, and others in the community

How to Reach Us: Call the NCCHV hotline toll-free at **877-4AID VET (877-424-3838)**.

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

Getting Care Abroad for Service-Connected Conditions

The Foreign Medical Program (FMP) helps U.S. Veterans with service-connected conditions living or traveling abroad.

Contact Information:



Foreign Medical Program
PO Box 469061
Denver, CO 80246-9061
Phone: 877-345-8179
Fax: 303-331-7803
Email: hac.fmp@va.gov

More Info: www.va.gov/communitycare/programs/Veterans/fmp/index.asp

Veterans in Canada



Foreign Countries Operations
2323 Riverside Dr., 2nd Floor
Ottawa, Ontario, K1A0P5
Phone: 888-996-2242
Fax: 613-991-0305

Caregiver Program

This program supports Veterans who have incurred or aggravated a serious injury during their military service. Eligible primary family caregivers can receive various benefits including a stipend, training, and mental health services.

More Information:

Contact your local VA medical facility or visit www.caregiver.va.gov

Phone: 855-260-3274

Services and Tools Available Online

Office of Public Health

The VA Office of Public Health is dedicated to promoting and protecting the health of Veterans and VA staff. Visit www.publichealth.va.gov to explore key health-related topics, such as:

- **Health & Wellness:** Information on vaccinations, infection-control habits, employee wellness programs, and violence prevention
- **Diseases & Conditions:** Details on medical conditions that may affect Veterans
- **VA Health Studies:** Research and data on health issues impacting Veterans, conducted by the Office of Public Health and research organizations
- **Military Exposures:** Information on health concerns related to military exposures

Your Personal VA Health Information at Your Fingertips

My HealtheVet on VA.gov

My HealtheVet is an online tool for Veterans and caregivers, providing patient-centered innovations 24/7 from anywhere with internet access. Visit www.va.gov/health-care/manage-health and sign in to explore the many features and options. What you can do when you sign in: Refill your VA prescriptions and manage your medications

- Schedule and manage some VA health appointments
- Use secure messages to communicate privately with your VA health care team
- Review, download, and print your medical records, including lab and test results
- Order some medical supplies
- For more information, visit www.va.gov/resources/my-healthevet-on-vagov-what-to-know/.

Mobile Apps

VA mobile apps help Veterans participate actively in their health care.

More Information: mobile.va.gov

Veterans Canteen Service

The Veterans Canteen Service (VCS) lets you shop and dine at store and café operations located in VA hospitals, many Community-Based Outpatient Clinics (CBOCs), and some Veterans Benefits Offices.

VCS Patriot Store Direct:

- Offers special order savings on name brand retail items such as computers, tires, tools, large appliances, flowers, jewelry, toys, and more.
- Browse and place orders online at www.vacanteen.va.gov or call 800-664-8258 Monday through Friday between 8 a.m. and 6 p.m. ET to place an order.



Eligible Veterans may get reimbursed for travel to and from approved VA or Community Care appointments.

Unsure if you qualify?

Need assistance with filing a claim?

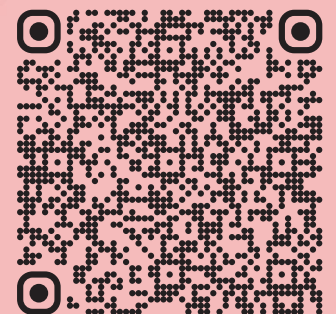
Scan the QR code below to:

- Check your eligibility
- Get step-by-step instructions on filing a mileage reimbursement claim
- Download the app and file your claim with ease!

Act now and make your travel *hassle-free* today!

Have more questions about transportation?

Just visit [VA.gov](https://www.va.gov) and search “Veterans Transportation Program” or visit www.va.gov/health-care/file-travel-pay-reimbursement/#eligibility-for-travel-pay.



VA Health Care Frequently Asked Questions

Where can I find more information?

You can call the VA Health Benefits help line at 877-222-VETS (877-222-8387) Monday through Friday from 8 a.m. to 8 p.m. ET. Additionally, information is available on the VA Health Care website at www.va.gov/health-care.

How can I verify my enrollment?

Upon confirmation of your enrollment, you will receive a personalized Veterans Health Benefits Handbook, which will notify you of your enrollment status and Priority Group placement. You can also verify your enrollment status by calling 877-222-VETS (877-222-8387) Monday through Friday from 8 a.m. to 8 p.m. ET.

Do I have to use VA as my exclusive health care provider?

No, you are not required to use VA exclusively. If you receive care from both VA and a local provider, it is important to coordinate your care to ensure a single treatment plan (co-managed care) for your health and safety.

How do I transfer my care to a new VA health care facility if I move to another state?

To transfer your care to a new VA health care facility, contact your Patient Aligned Care Team (PACT). Your PACT will work with the Traveling Veteran Coordinator to assist in transferring your care and establishing an appointment at the new location.

How do I choose or change my preferred VA facility?

When you apply for enrollment, you will be asked to choose a preferred VA facility. This facility will be where you receive your primary care. You may choose any VA facility that is convenient for you. If your chosen facility cannot provide the necessary care, VA will arrange for your care based on administrative eligibility and medical necessity. If you do not choose a preferred facility, VA will select the facility 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 serves as an extension of your health care team. Their goal is to review all clinically appropriate care options with you so you can make an informed decision about where to receive your health care.

How do I meet with an RCT?

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

What care options will the RCT review with me?

The RCT will review possible community care eligibility based on factors like drive time, distance, medical interest, and wait time. They will also discuss internal/direct care options such as telephone visits, VA Video Connect visits, telemedicine visits, or provider-to-provider consultations to help you make an informed decision about where to receive your health care.

How do I cancel my VA health care coverage?

You may request to disenroll from VA health care (cancel/decline) at any time. To request disenrollment, submit a signed and dated document requesting to be disenrolled to a VA medical facility or mail it to:

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

You may reapply for enrollment anytime 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 will be based on the requirements at that time.

What is a geographic income limit?

VA income limits may change annually and are based on geographic locations in addition to the national threshold limits for financial assessment purposes. These limits account for cost of living variations from one area to another. You can find geographic income limits at www.va.gov/health-care/income-limits/introduction.

What if my income is higher than the income limits after verification?

If your income is verified to be higher than the income limits, your copayment status will change from copayment exempt to copayment required. This change may result in disenrollment due to income limits for Veterans. VA facilities involved in your care will be notified of the change in status to initiate billing for the services provided during that income year. Your enrollment priority status may also change, and you will be notified of any changes 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 reported data on earned and unearned income from employers and financial institutions.

Do recently discharged combat Veterans pay copayments?

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

What is a 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. For more information or to apply for these benefits, contact your nearest VA Regional Office at 800-827-1000 or visit www.va.gov.

What should I do if I receive a bill and cannot pay?

If you are unable to pay your bill, discuss the matter with the Patient Billing Office at the VA facility where you received your care.

Does enrolling in VA health care meet ACA requirements for coverage?

Yes, if you are enrolled in any of VA's health care programs, including VA health care, CHAMPVA, or the Spina Bifida Health Care Benefits Program, you have coverage under the standards of the ACA. Starting in 2019, the Tax Cuts and Jobs Act removed the federal tax penalties associated with the ACA.

Does VA notify the IRS of my enrollment in the VA health care system?

Yes. Enrolled Veterans will receive IRS Form 1095-B electronically through their VA.gov account. This form provides details about the health care coverage provided by the VA in the previous year.

What should I do if I did not receive IRS Form 1095-B?

If you did not receive IRS Form 1095-B from VA, call 877-222-VETS (877-222-8387) Monday through Friday from 8 a.m. to 8 p.m. ET.

What is a PACT and how does it function?

A Patient Aligned Care Team (PACT) is a collaborative group that includes the Veteran, their family or caregivers, and health care professionals who work together to plan and manage the Veteran's whole-person care and long-term health and wellness. The team focuses on partnerships with Veterans, access to care through various methods, coordinated care among team members, and team-based care with Veterans at the center. The care team typically includes the Veteran

Am I eligible for dental care?

VA provides dental care based on specific eligibility criteria and categorizes the benefits into classes. For more information about VA dental care eligibility and the Dental Insurance Program (VADIP), call 877-222-VETS (877-222-8387) Monday through Friday from 8 a.m. to 8 p.m. ET or visit www.va.gov/health-care/about-va-health-benefits/dental-care.

What is community care?

Community care refers to health care services provided by non-VA providers in your local community. Veterans may be eligible for community care when VA cannot provide necessary care. This care is facilitated by and paid for by VA. Eligibility for community care is based on specific conditions and requirements and must be authorized by VA before receiving care from a community provider.

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

To qualify for routine community health care at VA's expense, you need a written referral from VA. Factors such as your medical condition and the availability of VA services in your area will determine whether such care is authorized.

Am I eligible for emergency care at a community facility?

Emergency care at a community facility may be covered by VA under three main legal authorities (38 CFR 17.4020(c), 38 U.S.C. 1728, and 38 U.S.C. 1725) and specific eligibility requirements. Generally, emergency treatment is only covered until the Veteran can be safely transferred to a VA or other federal facility.

Are there payment limitations for community emergency care?

Claims for community emergency care not preauthorized by VA must be filed in a timely manner to avoid denial. The nearest VA medical facility should be contacted as soon as possible. Payment may not be approved for any period beyond the point of stability, except when VA cannot accommodate a transfer to a VA or federal facility. An emergency is deemed to have ended when a VA physician determines that stable transfer is possible.

Please see "Emergency Care" on page 11 for more information.

Can VA pay for unauthorized community emergency care?

VA may have limited payment authority for emergency care at a community facility without prior authorization. For payment to be approved retroactively under 38 U.S.C. 1728 or 38 U.S.C. 1725, specific criteria must be met. Contact the nearest VA facility for guidance on emergencies not preauthorized by VA.

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

Yes, VA offers travel benefits for Veterans who meet specific criteria. Refer to "Enrollment Priority Groups: What Are They and How Do They Work?" on page 8 for details.

Why is a separate financial assessment necessary for long-term care?

The VA Form 10-10EC is designed to assess your current financial status, including expenses, to determine eligibility for free long-term care or a reduced copayment charge based on current financial resources.

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 an annual projection of your monthly copayment charges based on available resources.

How is it determined whether VA or a private nursing home will provide my care?

Generally, if you qualify for indefinite nursing home care, it will be provided in a VA facility. Care may be provided in a private facility under contract when there is a compelling medical or social need. If you do not qualify for indefinite care, short-term placement in a community nursing home (not exceeding six months) may follow an episode of VA care to help explore long-term care alternatives.

What assistance is available if I do not qualify for indefinite VA Community Living Center care?

VA social workers can assist in identifying financial assistance sources and provide guidance on Medicare, Medicaid, and other VA benefit programs.

For further assistance, call 877-222-VETS (877-222-8387) or visit the VA Health Care website at www.va.gov/health-care.



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Get the Smile You Deserve with VA Dental Insurance!

Are you a Veteran or a family member in need of quality and affordable dental care? The VA Dental Insurance Program (VADIP) offers discounted private dental insurance for eligible Veterans and their families. VADIP covers regular check-ups, cleanings, x-rays, and more. Sign up today and start your journey to a healthier, brighter smile!

Delta Dental

Customer Service: 1-855-460-3302

Text Telephone (TTY/TDD): 1-866-847-1264

MetLife

Customer Service: 1-888-310-1681

Text Telephone (TTY/TDD): 1-888-638-4863



VA Dental Insurance Program -
Quality Care, Affordable Plans, Healthy Smiles!

Learn more and enroll at www.va.gov/health-care/about-va-health-benefits/dental-care/dental-insurance.

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We're here to ensure you never miss a medical appointment, whether it's a approved appointment with a VA doctor or a non-VA provider. Plus, some options are completely free and don't require Beneficiary Travel eligibility.

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Don't miss your appointments — get started now!

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Don't wait—make your travel plans effortlessly now!



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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

IB 10-185
Revised March 2026