

This information was copied from the VA website in November 2002

Health Insurance

Whether or not you have insurance does not effect your eligibility for VA health care benefits.

If you are receiving care for a [nonservice-connected](#) condition and have health insurance, your insurance carrier will be billed. VA does not bill your health insurance carrier for VA-adjudicated service-connected disabilities. An adjudicated service-connected disability is one that VA has determined was incurred or aggravated in the line of active duty. If you are a veteran in priority group 7, providing us your insurance information will allow us to bill your insurance carrier, which may offset part or all of your [copayment](#). The law requires VA to bill private health insurance companies for all care provided for veterans' nonservice-connected disabilities. VA's medical care budget is supplemented by the amount VA is able to collect from private health insurance carriers.

You will NOT be responsible for any unpaid balance that the insurance carrier does not pay except for VA [copayments](#). In addition, many insurance companies will apply VA health care charges toward the satisfaction of your annual deductible.

Frequently Asked Questions

Enrollment

What is VA Health Care Enrollment?

VA health care enrollment is a system providing you [access](#) to a comprehensive package of VA health care services. You just answer a few questions and are assigned by VA to one of the established priority groups. VA will send you a letter concerning your enrollment status.

Am I required to be enrolled?

You are required to be enrolled unless you are in one of the following categories:

- VA rates you as having a service-connected disability of 50% or more
- It has been less than one year since you were discharged from military service for a disability that the military determined was incurred or aggravated in the line of duty, and have not yet been rated by VA
- You are seeking care from VA for a service-connected disability only

Why should I enroll?

You should enroll to ensure that you will receive the comprehensive benefits package offered through VA's national health care system.

How long will I remain enrolled?

You will normally remain enrolled for one year. Enrollment will be reviewed and renewed each year depending upon your priority group and available resources.

If I move, how do I change my enrollment information?

You simply report any changes in enrollment information to your [preferred facility](#) or the VA health care facility nearest your home. You may also call the VA Health Benefits Service Center at 1-877-222-VETS (1-877-222-8387).

Is there a specific form I need to fill out to enroll?

Yes, you can apply for VA health care enrollment by completing VA Form 10-10EZ. The 10-10EZ may be obtained by visiting, calling or writing any VA health care facility or veterans' benefits office. You can also call toll-free 1-877-222-VETS (1-877-222-8387) or access the form on the Internet at www.10-10EZ.med.va.gov.

You can submit a completed form in person or by mail. Please be sure to sign your application form, otherwise it cannot be processed for enrollment. VA Form 10-10EZ is a one-page application form, front and back. Most veterans are able to complete the form in less than 15 minutes.

However, veterans needing treatment for a VA-rated service-connected disability, a VA-rated service-connected disability rated 50% or more, or released from active duty within the previous 12 months for a disability incurred or aggravated in the line of duty do not need to apply.

Do I need a new VIC (Veteran Identification Card) card now because of enrollment?

No, you do not need to change your VIC card.

How/where do I apply for health care?

You can apply for VA health care enrollment by completing VA Form 10-10EZ. The 10-10EZ may be obtained by visiting, calling, or writing any VA health care facility or veterans' benefits office. You can also call toll-free 1-877-222-VETS (1-877-222-8387) or access the form on the Internet at www.10-10EZ.med.va.gov.

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What does preferred facility mean?

Your preferred facility designates where you prefer to receive your primary care and is normally the facility closest to your home. However, acceptance in the VA health care system means that you may receive the comprehensive benefits package through VA's national health care system at any VA health care facility you choose or are nearest to when you require care.

How does enrollment affect my fee-basis care?

Enrollment does not affect your eligibility for fee-basis care.

Should I give up my existing health care coverage if I enroll with VA?

No. You are allowed to keep your current health care coverage and are encouraged to do so, but you should provide that insurance information to VA. Veterans with private insurance or other coverage such as DoD, Medicare, or Medicaid may find that these coverages provide them with more options and flexibility in the future. The use of other available health care coverage does not affect your enrollment status.

Will VA provide hearing aids and eyeglasses?

Generally, hearing aids and eyeglasses are not provided when the hearing and vision loss is the result of aging. However, if you are service-connected with a disability rating of 10% or greater they will be provided. Hearing aids and eyeglasses may also be provided in special circumstances.

What benefits are not included?

The following services are not included:

- Abortions and abortion counseling.
- In vitro fertilization.
- Drugs, biologicals, and medical devices not approved by the Food and Drug Administration unless the treating medical facility is conducting formal clinical trials under an Investigational Device Exemption (IDE) or an Investigational New Drug (IND) application, or the drugs, biologicals, or medical devices are prescribed under a compassionate use exemption.
- Gender alterations.
- Hospital and outpatient care for a veteran who is either a patient or inmate in an institution of another government agency if that agency has a duty to give the care or services.
- Membership in spas and health clubs.

Can I get a prescription by a non-VA physician filled at a VA health care facility?

Only veterans with special eligibility, such as veterans in receipt of a VA pension with aid and attendance benefits, are eligible to obtain prescriptions at VA expense.

What is the coverage for emergency services?

Urgent and limited emergency care services are available to enrolled veterans at VA health care facilities or non-VA health care facilities at which VA has a sharing agreement or contract. Veterans with special eligibility may obtain emergency care, at VA expense, in a non-VA facility where VA does not have a sharing agreement or contract.

Under certain conditions, other veterans who have no health insurance coverage may be eligible for payment or reimbursement of emergency medical services provided outside VA. Contact the VA Health Benefits Service Center at 1-877-222-VETS (1-877-222-8387) for more information.

Are there any limits on days of care or outpatient visits VA will provide?

No. The veteran's primary care provider will determine what is appropriate and necessary hospital care or outpatient services and will provide such care consistent with current medical care practices.

Financial

How do I file a claim?

That depends on the claim you wish to file.

- If the claim is for reimbursement of medical care provided through the private sector, the claim must be submitted to your preferred treatment facility
- Claims for VA adjudicated disability or pension, or any other monetary benefits should be submitted to your nearest VA regional office. You may contact them at 1-800-827-1000
- For any other medical benefit related claims, please contact your nearest VA health care facility

How come VA does not bill Medicare?

Law prohibits VA from billing Medicare for care.

I don't have insurance, will VA still treat me?

Yes, whether a veteran has or does not have insurance plays no role in determining whether that individual is eligible for VA health care benefits.

Will you bill my insurance carrier?

The law requires VA to bill insurance carriers for covered veterans. Some veterans may have health insurance coverage under a spouse's policy. If you are receiving care for a [nonservice-connected](#) disability and have health insurance, your insurance carrier will be billed. VA does not bill your health insurance carrier for VA-adjudicated service-

connected disabilities. (An adjudicated service-connected disability is one for which you have filed a claim and VA has determined that you are service-connected)

I can't afford to make copayments. What do I do?

There are two options:

- The first option is to request a waiver for paying your current debt. If you request a waiver, you must submit sufficient proof that you can not financially afford to make payment to VA. This process could take several months; please contact the Revenue Coordinator at the VA health care facility where you receive care.
- The second option is to request a hardship determination to avoid future debts. You will need to submit specific financial information about your current year income. A decision will be made based on information you provide.

What are my specific copayments?

For more information on the current copayment rates, go to: <http://www.va.gov/revenue>.

Do all of my copayments have to be paid at one time?

You have several options. If this becomes a hardship for you, the Revenue Coordinator at your local VA may establish a payment plan for you.

Can VA bill my insurance company for treatment of a service-connected disability?

No, they cannot.

Why should I provide my insurance information to VA?

If you are a Priority 7 veteran, providing us your insurance information will allow us to bill your insurance carrier, which will offset part or all of your copayment. The law requires VA to bill private health insurance companies for all nonservice-connected care a veteran receives. VA's budget and your future care could depend on the amount VA is able to collect from private health insurance carriers. By not giving us insurance information you may be limiting your future care and that of many other veterans.

Benefits

What if the closest VA Medical Center (VAMC) does not have the services that I need?

If you are enrolled, VA is responsible for providing you a full continuum of care. This is called the Medical Benefits Package. These services will be provided through your local VA or at another VA facility. If VA cannot provide the necessary medical care, they will arrange for you to receive care in your community at VA's expense.

If I enroll in VA, can I receive care anywhere in the VA system?

Yes. Once enrolled, you are part of a national health care system with over 1,100 locations of care. Generally, you will receive your preventive and primary health care at the VA health care facility that you have indicated as your [preferred facility](#). For more specialized treatment you may have a choice of locations as recommended by your [primary care provider](#). When traveling you may obtain care at any VA health care facility without re-enrolling.

What benefits am I eligible for?

Veterans accepted for enrollment in the VA health care system will be eligible to receive necessary inpatient and outpatient services, including preventative and primary care. These include:

- Diagnostic and treatment services; rehabilitation
- Mental health, substance abuse, and home health
- Respite and hospice care
- Drugs in conjunction with VA treatment

Can I choose to get care outside of the VA system at VA cost?

Generally, no. By law, VA is required to provide care within the VA system. There are certain special-category veterans, however, who may receive care outside the VA health care system at VA cost.

Will VA provide hearing aids and eyeglasses?

Generally, hearing aids and eyeglasses are not provided when the hearing and vision loss is the result of aging. However, if you are service-connected with a disability rating of 10% or greater they will be provided. Hearing aids and eyeglasses may also be provided in special circumstances.

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The following services are not included:

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Eligibility

Am I eligible for travel benefits?

Travel benefits vary from veteran to veteran and depends on your specific situation.

If enrolled, can I get dental care?

In general, dental benefits are limited to service-connected dental conditions or to veterans who have a VA 100% service-connected disability rating.

Am I eligible for fee-basis care?

All veterans are potentially eligible for fee-basis care, however, the decision to utilize such care is left to the facility providing your care. By law, fee-basis care can only be provided when your treating facility cannot provide you the care you require.

Am I eligible for VA health care?

In order for you to be eligible for enrollment for health care, you must have:

- Been discharged from active military service under honorable conditions
- Served a minimum of 2 years if discharged after September 7, 1980 (prior to this date there is no time limit)
- If a National Guardsman or Reservist, served the entire period for which you were called to active duty other than for training purposes only

Am I eligible for a nursing home?

Veterans requiring nursing home care for a service-connected condition or a veteran rated 70% or more have mandatory eligibility. All other veterans are eligible on a resource and space-available basis.

Am I eligible for free prescriptions?

If you are being provided treatment, necessary prescriptions will also be provided. A \$7 [copayment](#) is charged for each prescription provided for the treatment of a [nonservice-connected](#) disability. Exemptions from this copayment requirement are provided for veterans service-connected 50% or more and for veterans whose income is less than the established dollar threshold.

Are women veterans eligible for unique benefits?

Women veterans are eligible for the same Medical Benefit Package as all veterans. Any inpatient care or treatment required which is not available at the preferred treatment facility will be obtained through other facilities or through community health care facilities.

Under what circumstances is a Coast Guard veteran eligible for enrollment?

Individuals who served in the Coast Guard are veterans and are eligible for VA health care benefits in the same manner as any other veteran who served in the Army, Navy, Marine Corps, or Air Force.

Under what circumstances is a Merchant Marine veteran eligible for enrollment?

Certain Merchant Marines who served on U.S. flagged merchant ships between December 7, 1941 and August 5, 1945, may be eligible for enrollment for VA health care benefits. If you served during this period of time you should bring a copy of your DD214 "Discharge Certificate" to the nearest health care facility and they will review your eligibility with you.

Will I be seen for my nonservice-connected condition?

If you are enrolled, you will receive care that includes treatment for service-connected and nonservice-connected disabilities. Your physician will determine what is medically indicated and provide that care.

