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VA Announces Change to Medication Copays for Some Veterans

WASHINGTON - As previously announced on January 7, 2010, the Department of Veterans Affairs (VA) froze prescription copayment increases for six months. Veterans who generally have higher income and no service-connected disabilities - referred to as Priority Groups 7 and 8 Veterans - will now pay an additional \$1 for each 30-day supply of outpatient medications. Taking effect July 1, the increase to \$9 from \$8 is the first change in VA's medication copay since Jan. 1, 2006.

"Because of the harsh economic reality facing many Veterans, we delayed the change," said Secretary of Veterans Affairs Eric K. Shinseki. "We're now ensuring the Veterans most in need of VA care are those least affected. Yet, even with this increase, VA medication copays are lower than much of the private sector."

This change does not impact Veterans in Priority Groups 2 through 6 who will continue to pay \$8 for each 30-day supply of medications for their non-service connected conditions unless otherwise exempted. These Veterans will also continue to have their out-of-pocket expenses for VA outpatient medications capped at \$960 per calendar year.

Veterans who have an injury or illness connected with their military service resulting in a disability rated 50 percent or greater -- who are known as Priority Group 1 Veterans -- are exempt from the copay.

VA generally sets its outpatient medication copay rate based upon a regulation that ties the rate to the Medical Consumer Price Index for prescription drugs.

Veterans who have difficulty paying copayments for outpatient medications should discuss the matter with their local VA enrollment coordinator. Veterans may also contact VA at 1-877-222 VETS (8387) or visit VA's health eligibility Web site at www.va.gov/healtheligibility .