

**10-10EZ FACT SHEET**

**REPORT GROSS INCOME FROM CALENDAR YEAR 2002**

Deductible Medical Expenses: Non-reimbursed medical expenses include the following:

- Fees of physicians, dentists, and other providers of health services
- Hospital and nursing home fees
- Medical insurance premiums – (include Medicare premiums)
- Drugs, medicines and eyeglasses

The deductible medical expenses reported is the total you paid minus:

\$478 Single  
\$626 One dependent  
\$ 82 (add for each additional dependent)

Medication Co-payment: You are exempt from medication co-payments if your total income minus medical expenses is less than:

\$ 9,690 Single  
\$12,692 One dependent  
Add 1,653 for each additional dependent

Eligibility Priority Group 7 (0% noncompensable service-connected veterans and non-service connected veterans only): Veterans required to pay a medical care outpatient co-payment and a reduced in-patient co-payment under Geographical Means Testing (GMT) regulations. Your enrollment is Priority Group 7 if your income\* is:

<b>San Diego County</b>	<b>All Other Counties</b>
\$24,645 - \$33,650 Single	Depends on zip code
\$29,577 - \$38,450 One dependent	

Single veterans with income\* below \$24,645, whose assets plus income is greater than or equal to \$80,000 are also in Priority Group 7.

\*Income levels might change according to the number of dependents.

Eligibility Priority Group 8 (0% noncompensable service-connected veterans and non-service connected veterans only): Veterans required to pay a medical care co-payment. Your enrollment is Priority Group 8 if your income is greater than:

<b>San Diego County</b>	<b>Imperial County</b>	<b>All Other Counties</b>
\$33,650 Single	\$24,644 Single	Dependent upon zip code
\$38,450 One dependent	\$29,576 One dependent	
	Add 1,653 for each additional dependent	

Or, your total gross income plus net worth exceeds \$80,000  
Or, your total net worth exceeds \$80,000

Service-connected veterans are not charged for the treatment or medication for their Service-connected disabilities.

VA healthcare co-payments:

**Services**

**Billing Period and Co-payments**

Hospital inpatient: **Priority Group 8 patients:** \$840 for the 1<sup>st</sup> 90 days of hospital care plus \$10 per day. \$420 for each additional 90 days in a 365 day period plus per diem of \$10 per day.  
**Priority Group 7 patients:** \$168 for the 1<sup>st</sup> 90 days of hospital care plus \$2 per day. \$84 for each additional 90 days in a 365 day period plus per diem of \$2 per day.

Nursing Home: **Rate is based upon completion of Long Term Care Financial Assessment:** May range from \$0.00 - \$97.00 daily.

Outpatient: Range from \$0, \$15, \$50 for each day of care, depending on visit.

Medication: \$7 for each 30 day or less supply (annual cap \$840 for priority groups 2-6) – effective 2/4/02.

(Revised 3/20/03)