



### Copayments for Maternity Benefit

	Priority Group 1	Priority Group 2	Priority Group 3	Priority Group 4	Priority Group 5	Priority Group 6	Priority Group 7	Priority Group 8
<b>Breast Pumps and Supplies Through VA</b>	No	No	No	No	No	No	No	No
<b>Education*</b>	No	No	No	No	No	\$15 per Visit*	\$15 per Visit*	\$15 per Visit*
<b>Lab Tests<sup>§</sup></b>	No	No	No	No	No	No	No	No
<b>Labor and Delivery</b>	No	No	No	No	No	Reduced <sup>¶</sup> or Full Copay <sup>†</sup>	Reduced Copay <sup>¶</sup>	Full Copay <sup>†</sup>
<b>Newborn Care (Day of Birth and 7 Subsequent Calendar Days) - Inpatient and Outpatient</b>	No	No	No	No	No	No	No	No
<b>Postpartum Contraception</b>	No	Tiered Copay <sup>†</sup>	Tiered Copay <sup>†</sup>	Tiered Copay <sup>†</sup>	Tiered Copay <sup>†</sup>	Tiered Copay <sup>†</sup>	Tiered Copay <sup>†</sup>	Tiered Copay <sup>†</sup>
<b>Prenatal and Postpartum Visits<sup>§</sup></b>	No	No	No	No	No	\$50 per Visit	\$50 per Visit	\$50 per Visit
<b>Prescription Medications** Through VA Pharmacy</b>	No	Tiered Copay <sup>†</sup>	Tiered Copay <sup>†</sup>	Tiered Copay <sup>†</sup>	Tiered Copay <sup>†</sup>	Tiered Copay <sup>†</sup>	Tiered Copay <sup>†</sup>	Tiered Copay <sup>†</sup>
<b>Prosthetics Through VA</b>	No	No	No	No	No	No	No	No
<b>Specialty Consultations (e.g., Maternal Fetal Medicine)</b>	No	No	No	No	No	\$50 per Visit	\$50 per Visit	\$50 per Visit
<b>Termination of Pregnancy</b>	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
<b>Ultrasound</b>	No	No	No	No	No	\$50 per Test	\$50 per Test	\$50 per Test

\*Childbirth, parenting classes, nutrition counseling, and breastfeeding support and lactation classes. Based on type of education provided, copay may apply.

<sup>§</sup> During outpatient visits, Veterans do not need to pay any copays for X-rays, lab tests, or preventive tests and services like health screenings or immunizations.

<sup>¶</sup> 20% of VA's inpatient copayment rate for hospital stay.

<sup>†</sup> Veterans living in high cost areas may qualify for a reduced inpatient copayment rate.

\*\* Some Veterans may qualify for reduced or no-cost prescriptions based on special eligibility factors. Veterans who have a service-connected rating of 40% or less, and whose income is at or below the applicable national income thresholds may wish to complete a medication copayment exemption test.

<sup>†</sup> If 50% service-connected or more, you will have no copayment. If you are less than 50% service-connected, the amount you'll pay for these medications will depend on the "tier" of the medication and the amount of medication you're getting, which we determine by days of supply. There is an annual medication copayment cap of \$700 for Veterans in Priority Groups 2 through 8. The medication copayment cap goes by calendar year (January 1–December 31).

For information on Copayment Rates, see fact sheet [IB 10-430](#), and Enrollment Priority Groups, see fact sheet [IB 10-441](#).