

Medicaid

Getting Started



Medicare

Let's get started

What's Medicaid?

Medicaid is a joint federal and state program that helps cover medical costs for certain low-income people, families and children, pregnant women, the elderly, and people with disabilities. In some states, Medicaid also helps cover medical costs for other adults.

How does it work?

Medicaid programs vary from state to state. Within broad federal guidelines, each state decides how to run its Medicaid program, including what counts as income and resources, who qualifies, what services are covered, and the cost for services. Some states use different names for their Medicaid programs, like Medi-Cal in California or TennCare in Tennessee.

Can I have both Medicare and Medicaid?

In some cases, people who have Medicare can also get Medicaid. If you qualify for both programs, Medicare and Medicaid cover most of your health care costs. If you have Medicare and qualify for your state's Medicaid program, you'll automatically get Extra Help paying for Medicare drug coverage (Part D).

How can I get Medicaid?

If you can't afford to pay for the medical care you need, you should apply for Medicaid in the state where you live. Your state will determine if you qualify based on your income and resources. State rules for counting income and resources vary, but usually include things like money in a checking or savings account, stocks, and bonds. States also have special rules for people who live in nursing homes and for children with disabilities who live at home. If you apply and your state approves you for Medicaid coverage, you'll get an approval letter, and you may get a card to use when you get health care services.

How do I know if I qualify?

Medicaid eligibility and coverage rules vary by state. In general, you **may** qualify for some Medicaid benefits in most states if you have an income up to \$15,650 (for 1 person) or \$32,150 (for a family of 4) in 2025 and meet certain other requirements. (Income amounts are higher in Alaska and Hawaii.) If you have a chronic condition and need long-term care services (like nursing facility services or home and community-based services), you'll have to meet other medical and financial requirements.

When you apply, your state may ask questions like these to find out if you qualify:

- How old are you?
- Are you pregnant?
- Are you blind or living with a disability?
- Are you a U.S. citizen or an immigrant who meets certain requirements?

You may also qualify under Medicaid "spenddown" rules, even if your income is higher than your state's Medicaid income levels.

What's "spenddown"?

Spenddown is a way for you to qualify for Medicaid, even if your income is higher than the state's Medicaid limit. Under spenddown, a state lets you subtract your non-covered medical expenses and cost sharing (like Medicare premiums and deductibles) from your available income. This might lower your countable income to a level that qualifies you for Medicaid. Call your State Medical Assistance (Medicaid) office to find out if you qualify for spenddown and learn how to apply.

What do I pay?

What you pay for coverage depends on your state's rules. You may have to pay a small part of your health care costs (like a copayment). If you qualify for both programs, Medicare and Medicaid cover most of your health care and drug costs.

What's covered?

All state Medicaid programs generally cover:

- Inpatient and outpatient hospital services
- Pregnancy-related services
- Doctor services
- Prescription drugs
- Nursing facility services
- Family planning services
- Rural Health Clinic services
- Home health services
- Laboratory and X-ray services
- Certified pediatric and family nurse practitioner services
- Nurse-midwife services
- Federally Qualified Health Center services
- A broad range of services for children under 21
- Necessary transportation to and from medical care
- Medication Assisted Treatment (MAT)
- Routine patient care costs in a qualifying clinical research study

Note: States can choose to cover more services than those listed here. Check with your state's Medicaid office to find out what's covered in your state.

Know your rights

- People with Medicaid have the right to have their health records kept private.
- Medicaid must cover many medically-necessary services for Medicaid-eligible children, even if a state wouldn't normally cover the services under its Medicaid program.
- If you've been denied Medicaid benefits and disagree with this decision, you can file an appeal.

For more information about appeals and eligibility, visit [Medicaid.gov/about-us/beneficiary-resources/index.html](https://www.Medicaid.gov/about-us/beneficiary-resources/index.html).

Where can I get more information?

Visit [Medicaid.gov/about-us/beneficiary-resources/index.html](https://www.Medicaid.gov/about-us/beneficiary-resources/index.html) to get the phone number for your state's Medicaid office.

You can also call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.





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“Medicaid: Getting started” isn’t a legal document. Official Medicaid Program legal guidance is contained in the relevant statutes, regulations, and rulings.

You have the right to get Medicare information in an accessible format, like large print, braille, or audio.

You also have the right to file a complaint if you feel you’ve been discriminated against. Visit

[Medicare.gov/about-us/accessibility-nondiscrimination-notice](https://www.medicare.gov/about-us/accessibility-nondiscrimination-notice), or call 1-800-MEDICARE (1-800-633-4227) for more information. TTY users can call 1-877-486-2048.

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