



May 2023

What are Medicare & Medicaid?

Medicare is health insurance for:

- People 65 or older
- Certain people under 65 with disabilities
- People of any age with End-Stage Renal Disease (ESRD) or ALS (also called Lou Gehrig's disease)

What are the parts of Medicare?

Original Medicare includes Medicare Part A (Hospital Insurance) and Part B (Medical Insurance).

Part A helps cover:

- Inpatient care in a hospital
- Inpatient care in a skilled nursing facility (not custodial or long-term care)
- Hospice care
- Home health care
- Inpatient care in a religious non-medical health care institution

You usually don't pay a monthly premium for Part A coverage if you or your spouse paid Medicare taxes while working for a certain amount of time. This is sometimes called premium-free Part A. If you aren't eligible for premium-free Part A, you may be able to buy Part A.

Part B helps cover:

- Medically necessary services from doctors and other health care providers
- Outpatient care
- Home health services
- Durable medical equipment (DME) (like wheelchairs, walkers, hospital beds, and other equipment)
- Preventive services (like screenings, shots or vaccines, and yearly "Wellness" visits)

Most people pay the standard Part B premium amount.

Note: Original Medicare covers most, but not all costs for medically necessary services and supplies. Medicare Supplement Insurance (Medigap) policies are sold by private companies, and can help pay some remaining health care costs, like copayments, coinsurance, and deductibles.

What are the parts of Medicare? (continued)

Medicare Advantage Plan (Part C):

- Medicare Advantage is a Medicare-approved plan from a private company that offers an alternative to Original Medicare for your health and drug coverage. These “bundled” plans include Part A, Part B, and usually Part D
- Plans may have lower out-of-pocket costs than Original Medicare
- Plans may offer extra benefits that Original Medicare doesn’t cover (like vision, hearing, and dental services)

Medicare drug coverage (Part D):

- Helps cover the cost of prescription drugs (including many recommended shots or vaccines)
- May be ran by private insurance companies that follow rules set by Medicare
- May help lower your drug costs and help protect against higher costs in the future

Note: If you have limited income and resources, you may qualify for help to pay for some health care and drug coverage costs. Visit [Medicare.gov](https://www.Medicare.gov), or call 1-800-MEDICARE (1-800-633-4227) for more information on programs that can help pay for your costs. TTY users can call 1-877-486-2048.

What's Medicaid?

Medicaid is a joint federal and state program that helps pay medical costs if you have limited income or resources and meet other requirements. People with Medicaid may get coverage for services that Medicare doesn't cover or only partially covers, like nursing home care, personal care, transportation to medical services, home- and community-based services, and dental, vision, and hearing services.

In order to qualify for Medicaid in your state, you must be a resident of that state and a U.S. citizen (or have qualified immigration status). Each state has different rules about eligibility and applying for Medicaid. If you qualify for Medicaid in your state, you automatically qualify for Extra Help with your drug costs.

Many states have expanded Medicaid. This means more people can get coverage now, even if they weren't eligible in the past. If you or someone in your family needs care, apply for Medicaid. Your state Medicaid agency can help you determine if you qualify. Visit [HealthCare.gov/medicaid-chip/getting-medicaid-chip/](https://www.healthcare.gov/medicaid-chip/getting-medicaid-chip/) to learn more about applying for Medicaid and get your state Medicaid agency's contact information.

You may be eligible for Medicaid if you have limited income and are:

- 65 or older
- A child under 19
- Pregnant
- Living with a disability
- A parent or adult caring for a child
- An adult without dependent children (in certain states)

If you have Medicaid, you may be able to get health care benefits, like:

- Doctor visits
- Hospital stays
- Long-term services and supports
- Preventive care, including shots or vaccines, mammograms, colonoscopies, and other needed care
- Prenatal and maternity care
- Mental health care
- Necessary medications
- Vision and dental care (for children)

Dual eligibility

Some people qualify for both Medicare and Medicaid and are called “**dual eligibles.**” If you have Medicare and full Medicaid coverage, most of your health care costs are likely covered.

You can get your Medicare coverage through Original Medicare or a Medicare Advantage Plan. If you have Medicare and/or full Medicaid, Part D covers your prescription drugs. Medicaid may still cover some drugs and other care that Medicare doesn't cover.

For more information

- Visit [HealthCare.gov/medicaid-chip/getting-medicaid-chip/](https://www.healthcare.gov/medicaid-chip/getting-medicaid-chip/) to learn more about Medicaid.
- Visit [Medicare.gov](https://www.medicare.gov), or call 1-800-MEDICARE (1-800-633-4227) to get more information about Medicare.

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.

This product was produced at U.S. taxpayer expense.

