

9. If you qualify for a Medicaid Buy-In program you may have other health coverage choices as well, such as a Medicaid expansion program, traditional Medicaid under a “medically frail” determination, or coverage through the Health Insurance Marketplace. You may be wondering how you can assess which program is better for you.

	Income Limit	Resource Limit	Work Requirement	Costs	Covered Services	Choice of Providers	Can Medicare Beneficiaries Enroll?
Medicaid Buy-In (in 46 states as of April 2014)	“Countable income” limits vary by state (usually much higher than Medicaid Expansion); a couple of states have no limit. Not based on modified adjusted gross income (most states use SSI income counting methodology).	Most states have limits on resources (assets); a few have no limit	In most states, must be working for pay	Usually monthly premiums on a sliding scale; some states have higher copays instead of premiums	Medicaid state plan services. In many states, individuals who qualify may be able to access additional home and community-based services.	Limited to providers who accept Medicaid	Yes, and Medicaid may reduce or eliminate Medicare cost sharing, including covering the Medicare Part B premium
Medicaid Expansion, i.e., New Adult Medicaid (in 26 states and DC as of April 2014)	Modified adjusted gross income (MAGI) under 138% federal poverty level	None	No	Cost sharing and premiums depend on state expansion model; usually minimal cost sharing for certain services	Services are provided through a Medicaid Alternative Benefit Plan (ABP). To date, the majority of states are aligning this ABP with Medicaid state plan services, though several states have more commercial benefit packages or provide premium assistance to purchase private coverage (QHPs). ABPs include Essential Health Benefits, and mental health parity rules apply. Certain exempt individuals must have the option to receive Medicaid state plan services. Many people with disabilities are exempt (see fact sheet #8 on medically frail status at http://www.nationaldisabilitynavigator.org/ndnrc-materials/fact-sheets/fact-sheet-8/).	The choice of providers depends on the state expansion model; this choice may be limited to providers who accept Medicaid, or may include provider networks available through private plans	No

Private Plans (QHPs) through Health Insurance Marketplace (in all states and DC)	None per se, but MAGI must be under 400% federal poverty level for premium subsidies; under 250% federal poverty level for cost sharing assistance	None	No	Generally, monthly premiums and cost sharing. Premiums and cost sharing may be reduced if income limits are met. Out-of-pocket costs may be higher than for Medicaid Buy-In.	Qualified Health Plans provide Essential Health Benefits, and coverage must comply with mental health parity rules. Generally less coverage for long-term care and long-term services and supports such as personal assistance services.	Some plans may offer larger choice of providers than for Medicaid, though some plans have limited provider networks	Yes, but no premium subsidies and cost sharing assistance if eligible for Medicare
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