

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 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	“Countable income” limit is 250% of federal poverty guidelines using SSI-related budgeting, not MAGI budgeting used by the Marketplace.	Up to \$20,000 single, \$30,000 couple; no limit for retirement funds like IRA’s.	Must be working for pay	No premiums currently but could be in the future. Copays up to \$3 for most services, \$25 for hospital stays. Provider cannot deny care if unable to pay.	Medicaid state plan services and can access additional home and community-based services through Medicaid waivers (TBI, NHTD, CAH, OPWDD).	Most must join managed care plan and use plan network providers. Those in regular fee-for-service Medicaid must use provider who accept Medicaid.	Yes, and Medicaid may reduce or eliminate Medicare cost sharing, including covering the Medicare Part B premium (if MSP eligible).
Medicaid Expansion	Modified adjusted gross income (MAGI) under 138% federal poverty level	None	No	Copays no more than \$3, except inpatient hospital stays which are \$25. Providers cannot deny services if unable to pay.	Services are provided through a Medicaid Alternative Benefit Plan (ABP), which is identical to regular Medicaid except that nursing home care is not covered. Medicaid always covers then 10 Essential Health Benefits, and mental health parity rules apply.).	Most must join managed care plan and use plan network providers. Those in regular fee-for-service Medicaid must use provider who accept Medicaid.	No

Private Plans (QHPs) through Health Insurance Marketplace	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 are higher than for Medicaid Buy-In.	Qualified Health Plans provide Essential Health Benefits, and coverage must comply with mental health parity rules. Generally, there is 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	No, but if you are already enrolled in a QHP when you become Medicare eligible, you can choose to keep your QHP. No premium subsidies and cost sharing assistance are available if you are eligible for Medicare. In addition, QHPs may not coordinate benefits or pay secondary to Medicare. Therefore, it is generally advisable instead to supplement Medicare with a Medigap/Part D drug plan, or join a Medicare Advantage plan with Part D coverage.
--	--	------	----	---	--	---	--

American Association on Health and Disability (AAHD)
 National Disability Navigator Resource Collaborative (NDNRC)
 110 N. Washington Street, Suite 328J
 Rockville, MD 20850
 301.545.6140/contact@aahd.us

www.nationaldisabilitynavigator.org

Copyright © 2016 – American Association on Health and Disability