

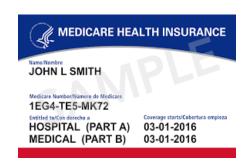
Learning How to Use Your Medicare and Medicaid Health Insurance

If You are <u>NOT</u> in Community HealthChoices (CHC)

If you have both Medicare and Medicaid, you are a "dual eligible." Most dual eligibles are enrolled in a managed care program called Community HealthChoices (CHC). Other dual eligibles, including people in the Intellectual Disability or Autism Waiver programs, remain in the Medicaid Fee-for-Service system instead of getting CHC. This guide explains how to use your Medicare and Medicaid health insurance when you are *not* in CHC.

Medicare

- **Part A** covers inpatient care (i.e., hospital, short term skilled care).
- **Part B** covers outpatient care (i.e., doctor's visits, lab work).
- Part D covers prescription drugs you get at the pharmacy.



- You can get Medicare Part A and B two ways:
 - 1) Original Medicare (with a separate stand-alone drug plan); or
 - 2) Medicare Advantage Plan (drug coverage included).
- Although Medicare requires people to pay premiums, deductibles and coinsurance, Medicaid helps you with these costs.
 - o Medicaid covers most of your Part A and B costs.
 - You automatically get full Extra Help with your Part D Prescription Drug costs.

Medicaid

Your ACCESS card is your Medicaid. It pays your Medicare Part A and B

- deductibles and co-pays. Medicaid may also pay your Medicare Part B premium if you qualify (not everyone on Medicaid gets this help).
- Your ACCESS card covers services that Original Medicare does not such as an eye exam, dental care, incontinence supplies, and Medical Assistance Transportation. Your Long-Term Services & Supports are covered through a separate Waiver program.



 Your drug coverage is through Medicare Part D with Extra Help. Your ACCESS card only covers certain over-the-counter medications and medications/diabetic testing supplies typically covered by Medicare Part B.

Getting Care

- For most health care services you get, Medicare pays first, and your ACCESS card pays second. If a service is only covered by Medicaid, then only your ACCESS card pays the provider. In either case, you should generally pay less than \$4.00 per service.
- You must show **both** your Medicare **and** your ACCESS cards when you get care.
- When you make appointments, you should tell the provider about all your insurance.
 - o If the provider does not take your insurance, they do not have to see you.
 - o If Medicare covers a service and pays first, the provider usually cannot bill you for any more than the small Medicaid co-pay for that service.
- You must use Medicare Part D coverage to get most of your prescription drugs.
 - Since you automatically get full Extra Help, generic drugs should cost no more than \$3.95 and brand name drugs should no more than \$9.85 in 2022.
 - o Your ACCESS card will **not** pay your Part D co-payment.

Coverage Choices

• You **can** choose your **Medicare** coverage—Original Medicare or a Medicare Advantage Plan (including Special Needs Plans). You also can change your

Medicare coverage at least once per quarter between January and September and during the yearly Open Enrollment period (October 15th – December 7th).

• You **cannot** choose your **Medicaid** coverage-it will be through the ACCESS card.

For More Information

Please contact the Pennsylvania Health Law Project's Helpline with questions or for free legal help at 1-800-274-3258 or via email at staff@phlp.org. Additional self-help resources can also be found under the "Resource Library" tab of our website at www.phlp.org.

This publication is intended to provide general legal information, not legal advice. Each person's situation is different. If you have questions about how the law applies to your particular situation, please consult a lawyer or call the Helpline at 1-800-274-3258.