Healthcare can cost thousands of dollars each year. Paying for these services can be difficult, especially for those on low or restricted incomes. Millions of Americans rely on government programs to help provide them with essential healthcare, and both Medicare and Medicaid (Medi-Cal in California) play key roles in covering healthcare costs. Many people confuse the two, but it is important to consider that Medicare is completely different and unrelated to Medicaid.

The primary difference between Medi-Cal and Medicare is in who is eligible for each program. Medicare is health insurance for anyone with a qualifying work history who is 65 or older, as well as certain younger people with certain disabilities or endstage renal disease. Your income and financial assets are irrelevant for qualifying for Medicare. As long as you worked for 10 years at a job in which you paid Medicare taxes, you will generally qualify. Alternatively, if you are married and your spouse fulfilled the 10-year work requirement, then you can generally qualify for Medicare benefits.

By contrast, Medi-Cal is specifically designed to help cover medical costs for people with limited income and financial resources. Medi-Cal covers a wide variety of people, including people who are under 65, living with a disability, as well as children under 19, parents, or other adults caring for a child, and even adults without dependent children in some locations as long as they demonstrate financial need.

Despite sharing the first six letters of their names, comparing Medi-Cal to Medicare shows just how different the two programs really are. Let’s take a closer look at the key differences between them to give you a better sense of whether you qualify for either or both of the programs.
need. As a result, some of those who qualify for Medi-Cal will not qualify for Medicare and vice versa.

Both Medi-Cal and Medicare cover many different types of healthcare costs, including doctor visits, hospital stays, and necessary prescription drugs and medications. The way in which each program provides coverage is slightly different. Medicare is divided into Part A for hospital services, Part B for medical services (such as doctor visits), and Part D for prescription drug costs. Medi-Cal typically covers all of those areas in a single program, similar to the consolidated approach that the Part C Medicare Advantage plans use.

Medi-Cal, however, goes beyond Medicare’s coverage in a few key areas. The most important is in the area of long-term healthcare services and support. Medicare provides limited coverage for long-term care, with most benefits confined to skilled nursing facilities for a relatively short period of time. Medi-Cal, on the other hand, can cover the cost of nursing homes, assisted living facilities, and other long-term care alternatives as long as they are deemed medically necessary.

Administratively, the biggest difference between Medi-Cal and Medicare is that each state governs a lot of what Medicaid covers, while the federal government runs Medicare. As a result, people who are eligible for Medi-Cal in one state might not qualify in another, and the types of medical services they would receive under Medi-Cal could be substantially different from state to state even if they do qualify.

Technically, Medi-Cal is a joint federal and state program. The funding that the federal government contributes to the program comes with strings attached, requiring each state to provide certain benefits. The optional benefits that states add, to the program can vary greatly, so it is important for those who might be eligible for Medi-Cal to look closely at the California program to see exactly what it will cover.

Medicare is designed to cover only a portion of healthcare costs, and so those who have financial challenges can sometimes get coverage under both Medicare and MediCal. So-called “dual eligible” recipients can get assistance with some of the premium and copayment costs that Medicare charges, and Medi-Cal can fill in gaps that Medicare won’t cover.

In-Home Supportive Services (IHSS) is part of the Medi-Cal program and provides home care to individuals that cannot accomplish some daily activities on their own, such as bathing, dressing, or housekeeping, and who wish to remain at home, as well as protective supervision for individuals living with dementia or other cognitive impairments and who must be watched 24- hours a day to ensure their safety.

Understanding the differences between the services that Medi-Cal and Medicare can provide will help point you in the right direction to get the healthcare benefits you need. The two programs are different, but both share the goal of providing healthcare to those who qualify.

TIPS & TOOLS
Additional Information about Medicare
Lifestyle Support
Medicare Advantage plans have the option to cover meals delivered to the home, transportation to the doctor’s office, and even providing safety features in the home such as bathroom grab bars and wheelchair ramps.

Test Drives for Medicare Plans
New regulations will let people try an Advantage plan for up to three months and, if they aren’t satisfied, they can switch to another Medicare Advantage plan or choose to enroll in the original Medicare plan.

If you need help, contact your local Health Insurance Counseling & Advocacy Program (HICAP) where you can get free counseling from Medicare experts
Ventura County: 646 County Square Dr. Ventura, CA 93003 (805) 477-7310 HICAP@ventura.org vccaaa.org/our-services
Santa Barbara & San Luis Obispo Counties: 528 South Broadway Santa Maria, CA 93454 (805) 925-9554 centralcoastseniors.org

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