Directions for Presenters

Presenting this lesson to a group? These tips can help you prepare.
If you're exploring on your own, you can move to the next slide.

Review all the slides and presenter notes before your presentation. If you can, print out the presenter notes to have them handy in case you need them.

Introduction: (30 seconds)

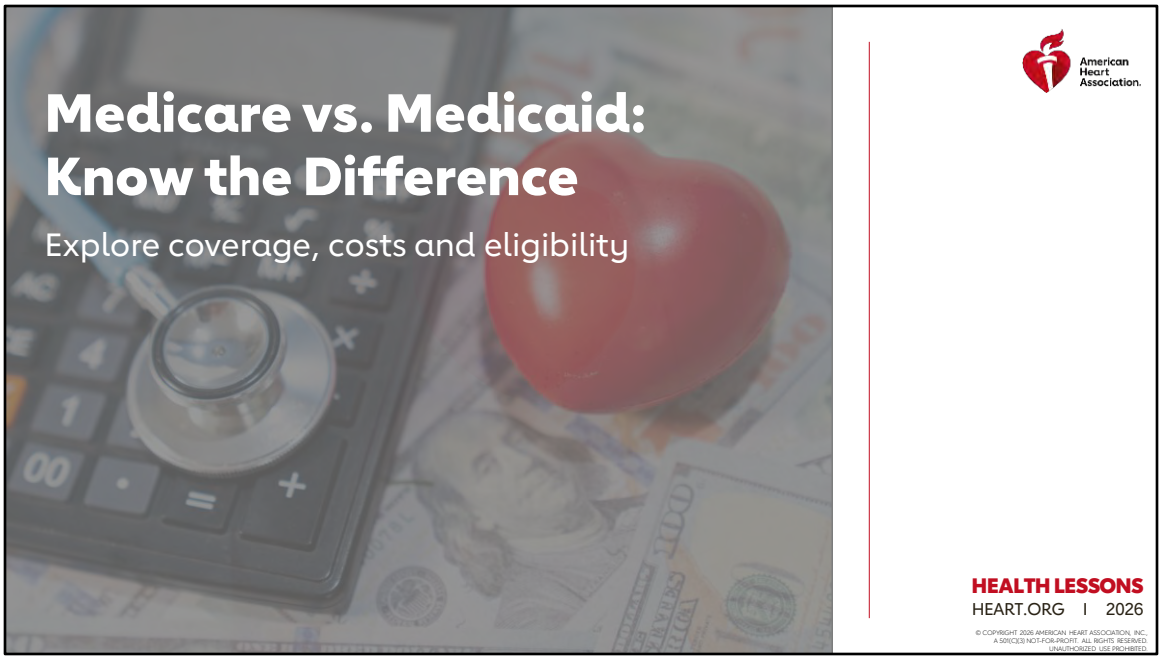
- Greet the audience.
- Introduce yourself and your topic.
- Let people know they can take pictures of any of the slides they find helpful.

At the end of your presentation:

- Thank your audience for their time and open the discussion to questions.
- If there are questions you cannot answer, please refer them to our heart.org website and social media handles for more information.

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This slide is for people who would like to present this health lesson to a group. If you are using these slides for your own health education, please disregard this slide.



Welcome everyone and introduce the topic. Explain that Medicare and Medicaid are two programs with different purposes, and that people often mix them up.

Why this lesson matters: Knowing the difference can help you find coverage you qualify for, plan for costs and sign up on time. Missing some Medicare enrollment deadlines may lead to a coverage gap or late penalty.

This lesson builds on Planning for Healthcare Costs. For what to do once a bill arrives, including how to spot errors and push back on charges, see Don’t Pay That Bill (Yet).

American Heart Association.

WHAT WE DO

INVESTING IN AND SUPPORTING LIFESAVING HEART AND BRAIN RESEARCH FOR OVER 100 YEARS.

FUNDED PACEMAKERS AND ICDS RESEARCH



Contributed to developing cutting-edge devices, including leadless pacemakers and wearable defibrillators.

DEVELOPMENT OF CPR GUIDELINES AND CONTINUED EFFORTS



Created CPR and AED guidelines and pushing for laws to require CPR training in schools and more public AEDs to help save lives.

FUNDING HEART DISEASE RESEARCH



Investing in groundbreaking research that has led to life-saving treatments and innovations in cardiovascular care.

FUNDING INNOVATION IN HEART DISEASE DIAGNOSTICS



Advancing imaging techniques, such as MRI and CT scans, along with biomarkers for the early detection of heart disease.

FUNDING ACUTE STROKE CARE



Funding research to support timely intervention strategies for stroke patients which has significantly improved survival rates and recovery outcomes.

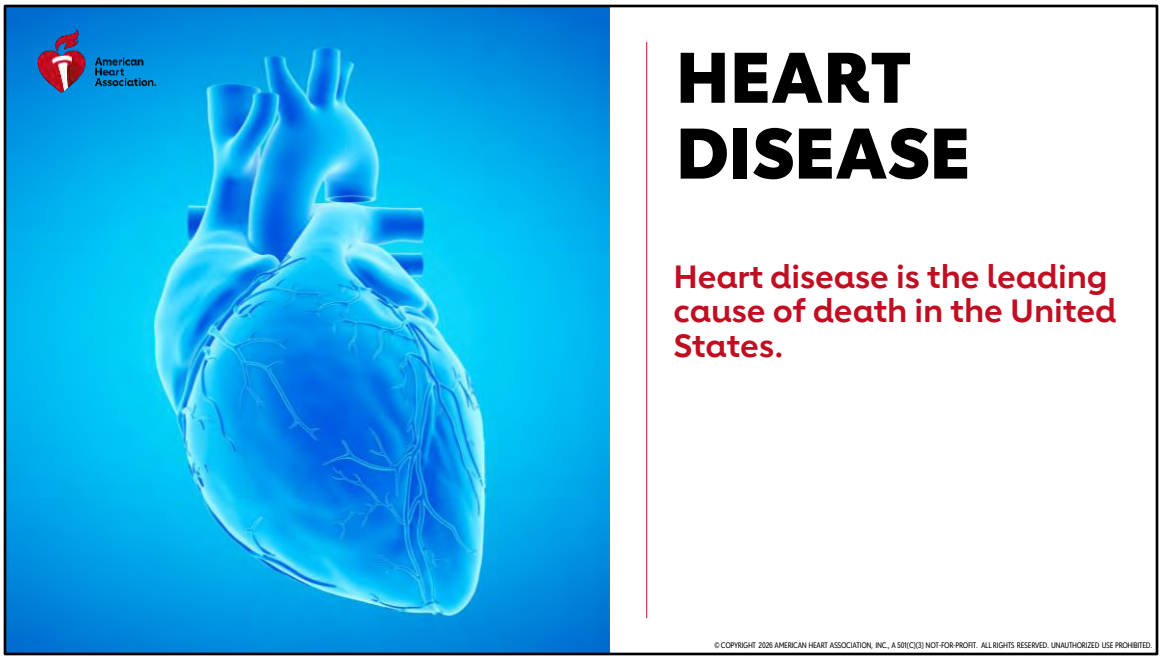
DEVELOPMENT OF HYPERTENSION GUIDELINES AND RESEARCH



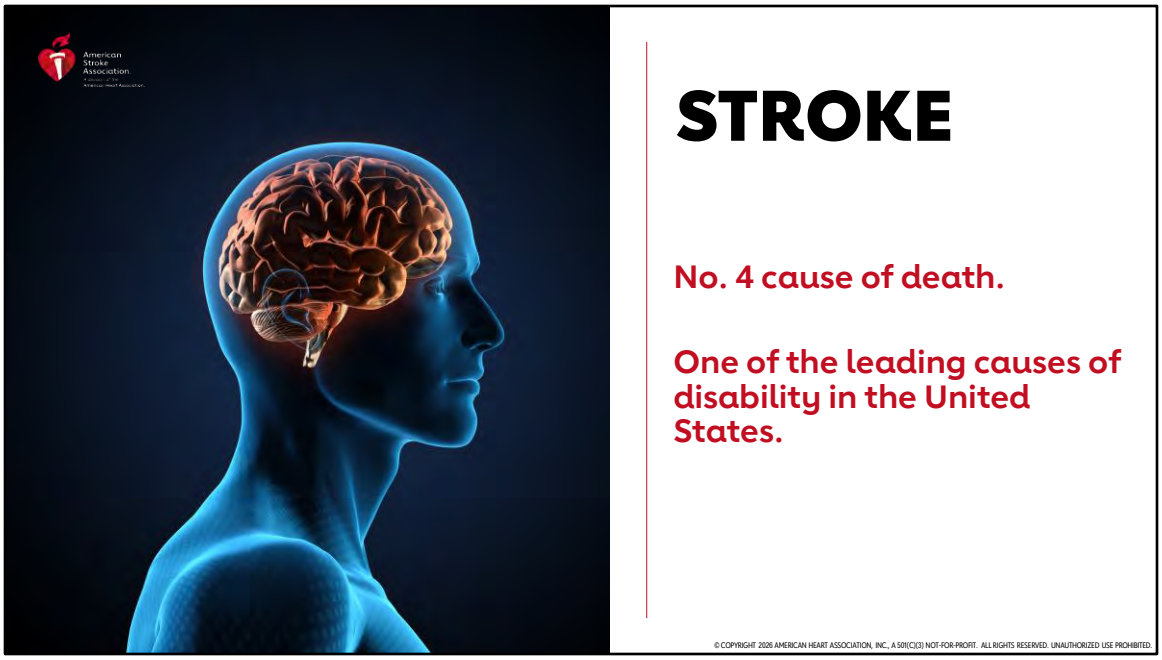
Updated blood pressure guidelines with partners for early detection and care. Funded research on causes, prevention, and treatment.

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This presentation is from the American Heart Association. Its mission is to be a relentless force for a world of longer, healthier lives. For over 100 years, the Association has invested in and supported lifesaving heart and brain research.



Heart disease is the leading cause of death in the United States. Many people living with heart disease also face financial stress from the cost of care. Health coverage such as Medicare or Medicaid can help people get the care they need and manage those costs.



Stroke is a leading cause of death and long-term disability in the U.S. The cost of care for stroke and other serious conditions can have a long-term financial impact on patients and families. Knowing which health coverage you may qualify for is one way to prepare.



Today we will cover five things: what Medicare is, what Medicaid is, whether you could qualify for both, what costs you may pay and where to get help. Reassure participants that they don't need to remember every detail. The goal is to know which program may apply to them and where to find answers.

Why Coverage Matters

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Understand your options

Learning about Medicare and Medicaid can help you:

- Find coverage you may qualify for
- Understand when to sign up
- Plan for healthcare costs
- Explore help paying for care



Which program may apply to you or someone you care for?

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Medicare and Medicaid do more than cover care. They can also help protect your finances. Understanding how each program works can help participants find coverage they may qualify for, sign up at the right time, plan for healthcare costs and get help paying for care.

Ask participants to keep one question in mind throughout the lesson: Which program may apply to me or someone I care for?

What is Medicare?

American Heart Association.

Who may qualify

Medicare is a federal health insurance program for:

- Adults age 65 or older
- Individuals under 65 with disabilities
- People with permanent kidney failure requiring dialysis or a kidney transplant
- Those with ALS, also called Lou Gehrig's disease

Eligibility and enrollment requirements apply.

Check your eligibility at Medicare.gov.



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Medicare is a federal health insurance program run through the Centers for Medicare & Medicaid Services. It covers people 65 and older, people under 65 with certain disabilities, people of any age with permanent kidney failure that requires dialysis or a transplant, and people with ALS.

Walk through the parts of Medicare. Part A covers hospital care. Part B covers doctor visits and outpatient care. Part C, also called Medicare Advantage, is a private plan approved by Medicare. Part D covers prescription drugs. Point out that Part A covers short-term skilled nursing facility care, not long-term nursing home care. The basic rules are federal, but coverage, costs and choices may depend on how a person gets their Medicare benefits.

The Parts of Medicare

American Heart Association.

Understand what each part covers

Part A: Inpatient hospital care, short-term skilled nursing facility care, hospice care and some home healthcare

Part B: Doctor visits, outpatient care, medical equipment and many preventive services

Part C (Medicare Advantage): A Medicare-approved private plan that provides Part A and Part B benefits and usually includes Part D

Part D: Helps cover prescription drug costs

Check which parts of Medicare you have and what they cover.



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Ask participants to keep one question in mind throughout the lesson: Which program may apply to me or someone I care for?

What is Medicaid?

American Heart Association.

Who may qualify

Medicaid provides health coverage and is funded by the federal government and states.

Groups that may qualify include:

- Children
- Pregnant individuals
- Eligible adults with low income
- Older adults
- Individuals with disabilities

Eligibility depends on income and other requirements. Each state runs its program under federal rules.



Check eligibility with your state's Medicaid agency.

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Medicaid is a joint federal and state program for people and families with low income, including many children, pregnant people, older adults and people with disabilities. The federal government and each state fund it together, but each state runs its own program.

That means income limits, covered services and even the program's name can be different depending on where you live. Ask if anyone knows what Medicaid is called in your state.

Medicaid Varies by State

American Heart Association.

Check your state's program

States run Medicaid under federal rules. Depending on where you live, these may differ:

- Income limits
- Covered services
- The program's name, such as Medi-Cal, TennCare and MassHealth



Find your state's Medicaid program at Medicaid.gov.

Source: Medicaid.gov: Eligibility

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Can You Have Both?

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Understanding dual eligibility

Some individuals qualify for both Medicare and Medicaid. This is called **dual eligibility**.

Depending on the program you qualify for, you may get help paying Medicare costs, including:

- Premiums
- Deductibles
- Coinsurance and copays



Ask your state Medicaid agency whether you qualify for Medicaid or a Medicare Savings Program.

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Some people qualify for both Medicare and Medicaid at the same time. This is called dual eligibility. It may include older adults and people with disabilities who also have limited income and resources.

When someone has both, Medicaid can help pay some Medicare costs, such as premiums, deductibles, coinsurance and copays. The help depends on the program the person qualifies for. Remind participants that they don’t have to figure this out alone. Their state Medicaid office or a local benefits counselor can check for them.

Medicare Costs

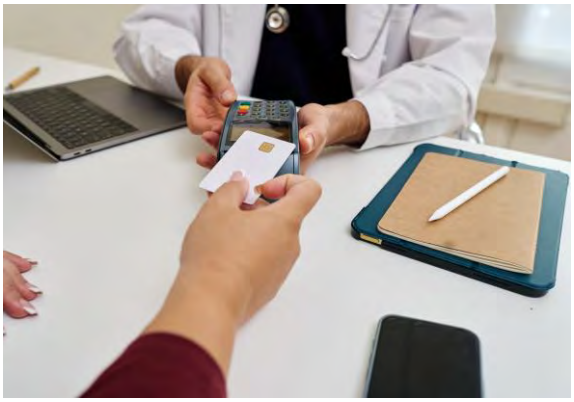
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Part A and Part B premiums and deductibles

Medicare costs in 2026

- Part A monthly premium: $0 for most individuals
- Part A hospital deductible: $1,736 per benefit period
- Part B standard monthly premium: $202.90
- Part B yearly deductible: $283

Some individuals pay a higher Part B premium based on income. Other costs may apply.



Costs can change each year. Check current amounts when planning your budget.

Sources: CMS: 2026 Medicare Parts A & B Premiums and Deductibles | Medicaid.gov: Cost Sharing

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Both programs may have costs, but the costs work differently. Review the 2026 Medicare amounts, which are set each year by the Centers for Medicare & Medicaid Services. Most people pay no Part A premium because they or a spouse worked and paid Medicare taxes for at least 10 years. Some people pay a higher Part B premium based on their income.

After the Part B deductible, people usually pay 20% of the Medicare-approved amount for most Part B services, and original Medicare has no yearly out-of-pocket limit unless a person has extra coverage. Medicaid costs depend on the state, income and the services received. Remind participants that these amounts can change each year.

What You May Pay

Costs when you receive care

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Original Medicare

- After the Part B deductible, you usually pay 20% of the Medicare-approved amount for most Part B services.
- Original Medicare has no yearly out-of-pocket limit for Part A and Part B services. Extra coverage may help pay your share.

Medicaid

- Costs depend on your state, income and the services you receive.
- Some states charge copays for certain services.

Ask your plan or program what you may pay for the care you need.



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After the Part B deductible, people usually pay 20% of the Medicare-approved amount for most Part B services, and original Medicare has no yearly out-of-pocket limit unless a person has extra coverage. Medicaid costs depend on the state, income and the services received. Remind participants that these amounts can change each year.

Help With Medicare Costs

American Heart Association.

Programs to explore



Eligibility requirements apply.

- **Extra Help:** Helps individuals with limited income and resources pay Medicare Part D premiums, deductibles and prescription drug copays
- **Medicare Savings Programs:** State-run programs that help eligible individuals pay certain Medicare premiums and, depending on the program, other Medicare costs
- **Medicaid:** May cover services Medicare does not, including some long-term care, for those who are eligible

Ask Social Security about Extra Help:
1-800-772-1213 or ssa.gov/medicare/part-d-extra-help.

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If money is tight, both programs have ways to help lower costs. Extra Help is a federal program that may reduce Medicare Part D drug costs. Medicare Savings Programs are run by states and may help pay Part B premiums and other Medicare costs. Medicaid itself may cover costs Medicare does not, including some long-term care.

Stress that income and resource limits change every year. Encourage participants to apply and let Social Security or their state decide whether they qualify.

When to Enroll in Medicare

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Check your enrollment window



- **Turning 65:** Your first enrollment window generally lasts seven months — three months before your birthday month, your birthday month and three months after.
- **Coverage through current employment:** If you have coverage through your or your spouse's current job, you may be able to delay Part B without a penalty. Check with your benefits office and Social Security first.
- **Late enrollment:** Missing your enrollment window may lead to a coverage gap or ongoing penalties. Part D drug coverage has separate rules.

Approaching 65? Confirm your enrollment dates with Social Security.

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Timing matters with Medicare. The Initial Enrollment Period is seven months long. It starts three months before the month a person turns 65, includes the birthday month and ends three months after.

Missing this window can mean a late enrollment penalty added to the monthly Part B premium, usually for as long as the person has Part B. A separate penalty can apply to Part D. People who still have health coverage from their own or a spouse's current job may be able to sign up later without a penalty, but they should check first. Medicaid is different: there is no enrollment penalty, and people can apply whenever they qualify.

Check Your Coverage and Enrollment

American Heart Association.

Questions worth asking

- **Know the difference.** Medicare and Medicaid are separate programs with different eligibility rules.
- **Check Medicaid eligibility.** Review your state's current requirements rather than ruling yourself out based on income alone.
- **Compare Medicare options.** Medicare Advantage and Original Medicare can have different costs, provider choices and coverage rules.
- **Confirm enrollment.** Some individuals get Medicare Parts A and B automatically. Others need to sign up.

Ask: "Do I need to sign up, and what is my deadline?"



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Review a few common misunderstandings. Medicare and Medicaid are not the same program. People sometimes assume they make too much for Medicaid without checking their state's current rules. Medicare Advantage plans can have different costs and rules than original Medicare.

Some people also miss a Medicare enrollment deadline because they expect to be signed up automatically. That usually happens only for people who already get Social Security or Railroad Retirement benefits. Encourage participants to ask questions. Free help is available.

Where to Get Help

American Heart Association.

Find the right contact

- **Medicaid eligibility and applications:** Contact your state Medicaid agency. Find your state's contact information at Medicaid.gov.
- **Questions about your current plan:** Call the member-services number on your insurance card.
- **Medicare counseling:** Your State Health Insurance Assistance Program (SHIP) offers free, unbiased, one-on-one help. Find your local program at SHIPhelp.org.

Choose the contact that matches your question.



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Medicaid's income limits, covered services and application process vary by state. Point participants to their state's Medicaid website for current eligibility rules and how to apply. The number on the back of an insurance card may also connect them to their plan or state office.

For Medicare questions, the State Health Insurance Assistance Program, or SHIP, offers free, unbiased, one-on-one help.

Choose Your Next Step

American Heart Association.

Start with what works for you

This week

- Identify which program may apply to you or someone you care for.
- If you're approaching 65, confirm your Medicare enrollment dates.

This month

- If you have Medicare, ask whether you qualify for Extra Help.
- Check your state's Medicaid eligibility requirements.

This year

- If you have Medicare, compare health and drug coverage options during Open Enrollment, Oct. 15-Dec. 7.

Choose one step and a time frame that works for you. Check enrollment deadlines first.



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Participants don't need to become experts. Ask each person to pick one step to start.

This week: figure out which program may apply, and write down Initial Enrollment Period dates if approaching 65. This month: ask Social Security about Extra Help and check the state's Medicaid eligibility rules. This year: people with Medicare should review their plan during Medicare Open Enrollment, October 15 to December 7, and compare options instead of letting it renew automatically. Save the SHIP helpline number, 1-877-839-2675.

Key Takeaways

What to remember

- **Understand the difference.** Medicare and Medicaid have different eligibility and coverage rules.
- **Check eligibility.** You may qualify for one or both programs.
- **Review your costs.** Check premiums, deductibles, copays and coinsurance.
- **Confirm enrollment timing.** Find out whether you need to sign up and when.
- **Ask for help.** Explore assistance programs and contact SHIP, Social Security or your state Medicaid agency.

You don't need to know every detail. Start with the question that matters most to you.



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This checklist sums up the lesson. Encourage participants to take a photo of this slide or save it for later.

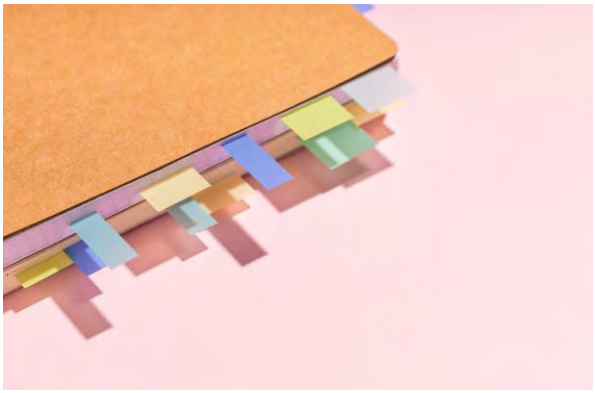
Reinforce the key message: Medicare is a federal program based on age or disability, and Medicaid is run by each state and based on financial and other eligibility rules. These programs exist to help people get health coverage and manage healthcare costs. Knowing which one may apply to you is the first step.

Resources

American Heart Association.

Save these for reference

- Medicare.gov: Medicare coverage, costs and enrollment
- State Medicaid contacts: Eligibility and applications in your state
- Social Security: Extra Help with Medicare prescription drug costs
- 2026 Medicare costs: Part A and Part B premiums and deductibles
- SHIP Medicare counseling: Free, unbiased help at **1-877-839-2675**
- Medicare Savings Programs: Help with certain Medicare premiums and other costs



Previous lesson: Planning for Healthcare Costs — Understand your options

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Encourage participants to take a picture of this slide or save these resources. Medicare.gov and Medicaid.gov are the official sites for each program. Social Security handles Extra Help applications. SHIP offers free, unbiased Medicare counseling at 1-877-839-2675, and 1-800-MEDICARE (1-800-633-4227) can answer questions about Medicare Savings Programs.

The previous lesson in this series, How to Plan for Health Costs You Know Are Coming, covers simple budgeting and saving for predictable care costs.



Close by highlighting the available resources and encouraging participants to continue learning. Thank everyone for attending and invite questions.