





## WHO IS ELIGIBLE?

Low-income residents who are:

- · Pregnant women and infants;
- Children ages 1-18;
- Parents and caretaker relatives of dependent children; or
- Adults aged 19-64, who are not pregnant and not eligible for Medicare.

NY State of Health complies with applicable Federal civil rights laws and state laws, and does not discriminate on the basis of race, color, national origin, creed/religion, sex, age, marital/family status, arrest record, criminal conviction(s), gender identity, sexual orientation, predisposing genetic characteristics, military status, domestic violence victim status and/or retaliation.

# **Medicaid At a Glance**

## WHAT'S COVERED?

- · Hospital inpatient and outpatient services
- Clinic services
- Early screening, diagnosis, and treatment for children under 21 years of age under the Child/ Teen Health Program
- Medicine, supplies, medical equipment, and equipment like wheelchairs, etc.
- · Laboratory and X-ray services
- Preventive health and dental care and treatment by doctors and dentists
- · Care in a nursing home

- Care through home health agencies and personal care
- Treatment in psychiatric hospitals (for persons under 21 or those 65 and older), mental health facilities, and facilities that support people with developmental disabilities
- · Family planning services
- Transportation to medical appointments, including public transportation and car mileage
- Emergency ambulance transportation to a hospital
- Stop-smoking products like gum and patches

Some services may not be covered because of age, financial circumstances, family situation, or living arrangements. Some services may have small co-payments. You will not have a co-pay if you are in a managed care plan, except for a small co-pay for pharmacy services.

### **CONTACT US:**

#### nystateofhealth.ny.gov 1-855-355-5777 (TTY 1-800-662-1220) | health.ny.gov/medicaid

Si usted habla un idioma diferente al inglés, los servicios de asistencia de idioma están disponibles gratis para usted. Llame al 1-855-355-5777 (TTY: 1-800-662-1220). 如果您使用的語言不是英語,您可以使用我們的免費語言支援服務。請致電 1-855-355-5777 (TTY: 1-800-662-1220)

## How do I know if my income and resources qualify me for Medicaid?

The chart below shows how much income you can receive annually and still qualify for Medicaid.\* The income levels are based on how many family members live with you.

2024 Annual Income Levels				
Household Size	Parent/Caretakers or Single Childless Couples or Adults age 19 & 20 not living with parents	Children Age 1 - 18	Adults age 19 & 20 living with parents	Pregnant Women, Infants Under the Age of 1, or Individuals Eligible for Family Planning Benefits
	138% of FPL	154% of FPL	155% of FPL	223% of FPL
1	\$20,783	\$23,193	\$23,343	\$33,584
2	\$28,208	\$31,478	\$31,682	\$45,582
3	\$35,632	\$39,763	\$40,021	\$57,579
4	\$43,056	\$48,048	\$48,360	\$69,576
5	\$50,481	\$56,334	\$56,699	\$81,574
6	\$57,905	\$64,619	\$65,038	\$93,571
7	\$65,330	\$72,904	\$73,377	\$105,569
8	\$72,754	\$81,189	\$81,716	\$117,566
9	\$80,178	\$89,474	\$90,055	\$129,563
10	\$87,603	\$97,760	\$98,394	\$141,561
Additional Person	\$7,425	\$8,286	\$8,339	\$11,998

\*Based on 2024 Federal Poverty Levels (FPL). Income Levels may be adjusted each year based on FPL changes.

#### How much does Medicaid cost?

Monthly Premiums: There is no monthly premium for Medicaid.

**Cost Sharing:** Certain services under Medicaid require a small copay, but there are some times when no copay is needed. The most you would ever spend in copays under Medicaid in one year would be \$200.

For a list of Frequently Asked Questions and Answers about Medicaid, go to: health.ny.gov/medicaid