

Navigating Healthcare: Understanding Medicaid, Medicare, Private Insurance, & Waivers

Kelley Land

Welcome

Brief Overview and Introduction

Why Healthcare Literacy Matters

- A common myth is that working means losing healthcare.
- That is not true — both Medicaid and Medicare have strong protections.
- Today we'll focus on how to stay covered during work and transition to adulthood.

What We Will Cover

- Medicare (A, B, C, D & financial help & work protections)
- Medicaid (adult pathways & children's pathways)
- Private insurance (ACA & employer plans)
- Waivers and long-term supports
- How they work together



Medicare

Brief Overview and Introduction

What Is Medicare?

- Federal health insurance program
- For people age 65 **or** people with disabilities
- Comes with SSDI or CDB after a waiting period
- Medicare isn't just for older adults — it also covers people with disabilities.
- Young adults can receive Medicare if they qualify for SSDI or CDB.

The Four Parts of Medicare (Overview)

Part A — Hospital Coverage

Part B — Doctor/Medical Coverage

Part C — Medicare Advantage (bundled A & B)

Part D — Prescription Coverage

Think of Medicare like a menu: Part A covers hospital care, Part B covers doctor care, Part D covers prescriptions, and Part C is a packaged version.

Medicare Part A

Coverage	Cost & Eligibility
Hospital Care	Usually free (no monthly premium)
Skilled Nursing Facility Care	Begins automatically with SSDI/CDB after a waiting period
Some Home Health Care	Eligibility does not change just because someone starts working
Hospice Care	Available for individuals certified as terminally ill (life expectancy of 6 months or less); includes comfort and support services; usually no cost.

Medicare Part B – Cost \$206.50 per month in 2026

Coverage	Cost & Eligibility
Doctor Visits	Monthly premium required
Outpatient Care	Can be deducted from SSDI/CDB check
Lab Tests & Imaging	Eligibility does not change just because someone starts working
Medical Equipment	Financial assistance may help pay the premium

Medicare Part C – Medicare Advantage

Coverage	Cost & Eligibility
Private insurance companies offering a Medicare alternative	May have additional premiums or copays
Bundles Part A + Part B , often Part D	Must use the plan's provider network
Works like managed care (networks, referrals, etc.)	Eligibility does not change just because someone starts working
Medical Equipment	Cost varies by plan

Medicare Part D

Coverage	Cost & Eligibility
Prescription medications	Monthly premium (varies by plan)
Formularies (approved drug lists)	Copays at the pharmacy
Different plans cover different medications	Eligibility does not change just because someone starts working

*Financial help available for low-income beneficiaries

Medicare Financial Help: LIS (“Extra Help”)

- Helps pay for **Part D (medications)**
- Lowers or eliminates prescription copays
- Can reduce or remove Part D premiums
- LIS is also called “Extra Help.”
- It makes medicine more affordable by lowering costs at the pharmacy.
- Most people with disabilities qualify automatically if they also have Medicaid.

Medicare Financial Help: Medicare Savings Programs (MSP)

- Helps pay Part B premiums
- Can also help with deductibles and copays
- Many SSDI/CDB beneficiaries qualify based on income or if they are also eligible for Medicaid in Colorado

EPMC (Extended Period of Medicare Coverage)

- Allows Medicare to continue even if cash benefits stop
- Protects health coverage during work
- Often lasts many years after earnings increase
- This is the key work protection for Medicare.
- Even if someone earns more than SGA and has exhausted all work incentives and safety nets and benefits stop, Medicare usually continue through the EPMC.
- Families can feel safe encouraging work because healthcare continues long-term.



Medicaid

Brief Overview and Introduction

Medicaid for Adults: Overview

- Medicaid is state-run health coverage
- There are different pathways to qualify
- Some pathways are tied to disability, some to income
- Unlike Medicare, Medicaid has several “doors” a person can enter through.
- Which door someone uses affects how work impacts coverage.
- Today we’ll walk through the main eligibility groups for adults with disabilities.

SSI Medicaid (Disability-Based)

- Comes automatically with SSI in Colorado
- Based on disability and low income
- Work allowed — Medicaid continues while working
- Even when you start working, Medicaid continues unless earnings get very high.
- This is the most common pathway for young adults.

1619(b) Medicaid

- Allows Medicaid to continue when SSI cash payment stops due to work
- Protects health coverage as income rises
- Designed specifically to support employment
- This helps people move forward with work without losing doctors, therapies, or medication.
- It is one of the strongest work incentives in the Medicaid system.
- **In Colorado 1619(b) eligibility can continue until a person is earning more than \$60,307 annually in 2025**

DAC/CDB Medicaid (Disabled Adult Child)

- For adults who lose SSI when switching to CDB/SSDI
- Medicaid can continue under this rule
- Keeps coverage after benefit type changes
- Sometimes a person loses SSI not because of earnings, but because they become eligible for CDB/SSDI from a parent's record.
- DAC Medicaid protects them, so they don't lose coverage when the check changes.
- This is common when a parent retires, becomes disabled, or passes away.

Health First Colorado Buy-In Program For Working Adults With Disabilities

- For workers with disabilities who earn too much for regular Medicaid
- Pay a small premium to keep coverage
- Encourages long-term employment
- Buy-In programs allow people to keep Medicaid even with higher earnings from work.
- This is especially helpful for individuals who need personal care, equipment, long-term services, or **waiver services**
- It removes the “fear of earning too much.”

MAGI Medicaid (Income-Based)

- Based on income only (no disability test)
- Used mainly for low-income adults without SSDI/SSI or those in the waiting period for Medicare (You cannot have Medicare with this program)
- Often a fallback pathway when income changes
- MAGI Medicaid is part of the Affordable Care Act.
- It helps adults who don't qualify through disability but still have low income.
- It is especially relevant for transition-age youth who may move between systems.

Medicaid Eligibility for Children

- SSI Medicaid → same as adults (comes with SSI)
- 1619(b) Medicaid → same protection as adults (Medicaid continues even if SSI cash stops due to work)
- Health First Colorado → state Medicaid program for children based on income

- Child Health Plan Plus (CHP+) → low-cost insurance for children who don't qualify for Medicaid
 - This is not a Medicaid Program



Medicare & Medicaid

Overview of how they work together

When Someone Has Both Medicare & Medicaid (Dual Eligible)

- A person can have **both** at the same time
- Medicare = medical/hospital coverage
- Medicaid = pays what Medicare doesn't
- Many young adults with disabilities end up with **both** programs.
- Medicare is the primary insurance — it pays first.
- Medicaid acts like a “wraparound” and fills in gaps.

Who Pays First?

- Medicare pays first
- Medicaid pays second
- Out-of-pocket costs are often reduced or eliminated
- In practical terms, Medicare is the main insurance.
- Medicaid steps in afterward to cover premiums, copays, deductibles, and services Medicare doesn't include.
- This is why keeping Medicaid is so important even when Medicare starts.

Why Dual Coverage is Helpful

- Better access to doctors & specialists
- More services covered
- Dual coverage means the person is much less likely to face medical debt.
- They get the strengths of both programs: Medicare for medical care and Medicaid for wraparound support.
- This makes employment safer because healthcare remains stable.

Dual Coverage & Work

- Medicare continues even if SSDI stops (EPMC)
- Medicaid continues through 1619(b) or Buy-In
- Work rarely causes loss of healthcare
- When a person works, Medicare stays in place through EPMC.
- Medicaid also stays in place through 1619(b) or the Buy-In program.
- This is why families can feel confident that **employment does not jeopardize medical care.**



Private Insurance & Public Insurance

Overview of how they work together

Private Insurance Overview

- Comes from either the **ACA Marketplace** or an **Employer**
- Can be used **alongside** Medicaid or Medicare
- Provides additional provider options and services
- Some people receive private insurance from a job (employer-sponsored).
- Others get it through the ACA Marketplace — in Colorado this is **Connect for Health Colorado**.
- Having private insurance does **NOT** cancel Medicaid or Medicare — they can coordinate together.

How Private Insurance Interacts with Public Coverage

- In most cases, private insurance pays **first**
 - Depending on the size of the employer Medicare may pay first
- Medicare would pay **second**
- Medicaid would pay **last**
- Can expand provider choice
- Medicaid can still cover copays and deductibles.
- This matters if a job offers health insurance — it is **added**, not replacing coverage.



Medicaid Waivers

Overview of how waiver services can continue while working

What Are Medicaid Waivers?

- Provide **long-term services & supports** (LTSS)
- For people with significant disabilities or support needs
- Help people live in the community, not institutions
- Waivers are what fund services like job coaching, personal care, respite, supported living, etc.
- These are long-term supports that Medicaid pays for when regular insurance will not.
- They exist specifically so people with disabilities can live in their homes and communities.

What Waivers Cover

- In-home supports & personal assistance
- Employment & job coaching
- Transportation & independent living skills
- Specialized therapies & community services
- These services are essential for independence and daily functioning.
- Private insurance and Medicare do **NOT** cover these — waivers fill that gap.
- This is why families are so worried about losing them — they are irreplaceable.

Work & Waivers: What Really Happens

- Waiver eligibility is based on **functional need**, not income
- People can work **without losing waiver services**
- The key is staying eligible for **some form of Medicaid**
- Waivers do not disappear just because a person earns money.
- The real requirement is keeping Medicaid — and there are **many** paths to Medicaid.
- Earnings may change *which* Medicaid pathway a person uses, but not their waiver eligibility.

How Medicaid Stays in Place When Working

- Multiple “doorways” into Medicaid (SSI, 1619(b), DAC, Buy-In)
- Colorado’s **Buy-In program** has **very generous income limits**
- Work is **not** a barrier to waiver eligibility
- The system is designed so people can **work AND keep supports.**
- If one Medicaid pathway closes due to income, another one typically opens — especially with the Buy-In program.
- Medicaid Continuity = Waiver Continuity.

Transition from Children's Waivers to Adult Waivers

- Children's waivers and adult waivers are **not the same**
- Youth must **re-qualify** under adult criteria
- Medicaid eligibility must continue during the transition
- Planning ahead avoids service gaps
- Children's waivers are based on childhood disability criteria and family income rules.
- Some Children Waivers transition to the SLS and DD Waiver, if you choose SLS you cannot later choose the DD Waiver.

Adult Waivers

- Adult waivers use **adult disability standards** and focus more on functional need and independence.
- Families worry they will “fall off” services at age 18 or 21 — but as long as **Medicaid continues**, the youth can transition into an **adult waiver**, often with similar or expanded services.
- The key is starting transition planning early, so there is no interruption in care.

Key Takeaways

- Healthcare continues when a person works
- There are many ways to qualify for Medicaid
- Medicare and Medicaid can work **together**
- Waiver services stay in place when Medicaid stays in place

What Families Can Do Next

- The best step you can take is simply knowing which “door” into Medicaid your young person is currently using.
- Once that’s clear, you can plan for transitions — especially when approaching age 18 or finishing school services.
- Benefits counselors can help confirm Medicaid “doors” and work protections.
- Colorado’s Buy-In program ensures a long-term safety net as income grows.

Resources

- [Health First Colorado](#)
- [Children to Adult Waiver Transitions in Colorado](#)
- [Health First Colorado Member Handbook](#)
- [Medicare and You 2026](#)
- [Medicare.gov](#)

Contact Information



- Presenter: Kelley Land
- 3Lands Consulting
- 3landsconsulting@gmail.com



- www.peakparent.org
- (719) 531-9400
- [Pre-Recorded Webpage Link](#)
- Passcode: MyBenefits2025