

# Medicaid – Your Complete Guide to Free or Low-Cost Health Coverage

Medicaid is the largest public health insurance program in the United States — covering over 80 million Americans. This guide explains who qualifies, what it covers, how to apply, and what major changes are coming in 2026 and 2027 that may affect your coverage.





# Important: Medicaid Is Changing – Read This First

The One Big Beautiful Bill Act (OBBBA), signed July 4, 2025, made the biggest changes to Medicaid in decades. If you currently have Medicaid or are applying, these changes affect you.

## Change 1 – Work Requirements (Starting January 1, 2027)

- Most adults ages 19–64 on ACA Medicaid expansion must document **80 hours/month** of qualifying activity to keep coverage
- Qualifying activities include: paid work, job training, education, volunteering, or caregiving
- States may begin enforcing this **before** January 2027 — Nebraska began May 2026
- Failure to document compliance can result in losing coverage

## Change 2 – Six-Month Redeterminations (Starting January 1, 2027)

- ACA expansion adults must now renew eligibility every **6 months** instead of annually
- You will receive a notice — respond promptly or risk losing coverage

## Change 3 – Non-Citizen Coverage Loss (Starting October 1, 2026)

- Many non-citizens who currently have Medicaid will lose coverage on **October 1, 2026**
- This affects certain lawfully present immigrants who were previously eligible
- US citizen children in mixed-status households are **not** affected
- Contact your state Medicaid office immediately if you are a non-citizen currently enrolled

## Who is exempt from work requirements:

- Parents or caregivers of children age 13 or younger
- People who are medically frail (must be documented and verified)
- People who are pregnant
- People receiving disability benefits (SSI/SSDI)
- American Indians and Alaska Natives
- People age 65 or older



## What Is Medicaid?

- Medicaid is a joint federal-state health insurance program for people with low incomes
- It is administered by each state under federal guidelines — rules, benefits, and eligibility vary by state
- Unlike marketplace insurance, Medicaid has **no open enrollment period** — you can apply any time of year
- Coverage is generally **free or very low cost** — most enrollees pay \$0 in premiums
- **No deductible** in most states for standard Medicaid coverage

# What Medicaid Covers

## Federally Required Services (in every state)

- Doctor office visits and outpatient care
- Hospital stays (inpatient and emergency)
- Lab tests and X-rays
- Prescription drugs
- Preventive care — immunizations, annual checkups, cancer screenings
- Mental health services
- Substance use disorder treatment
- Maternity care — prenatal visits, labor and delivery, postpartum care
- Family planning services
- Nursing facility care (for eligible adults)
- Home health services

## Optional Services (covered in most states)

- Dental care — varies widely; some states cover emergency dental only, others cover full dental
- Vision care and eyeglasses
- Physical, occupational, and speech therapy
- Non-emergency medical transportation
- Personal care and home- and community-based services (HCBS)
- Hospice care

## What It Does Not Cover

- Cosmetic procedures
- Most non-prescription medications (unless state adds them)
- Long-term care (nursing home) beyond federally required limits without specific enrollment in a long-term care program

# Who Qualifies

## The Single Biggest Factor: Does Your State Have Medicaid Expansion?

- As of 2026, **40 states + Washington D.C.** have expanded Medicaid under the ACA
- **10 states have not:** Alabama, Florida, Georgia (partial), Kansas, Mississippi, South Carolina, Tennessee, Texas, Wisconsin (partial), and Wyoming
- If you live in an expansion state and earn under 138% FPL, you very likely qualify — regardless of whether you have children or a disability

## Expansion States – Income Limits (138% FPL, 2026)

- 1 person — up to **\$22,025/year** (\$1,835/month)
- 2 people — up to **\$29,863/year** (\$2,488/month)
- 3 people — up to **\$37,702/year** (\$3,142/month)
- 4 people — up to **\$45,540/year** (\$3,795/month)
- 5 people — up to **\$53,378/year** (\$4,448/month)
- 6 people — up to **\$61,217/year** (\$5,101/month)

## Non-Expansion States – Eligibility Is Much Narrower

- Working adults without children generally **do not qualify** no matter how low their income
- Parents with children may qualify at very low income levels (often below 50% FPL)
- Pregnant women, seniors, and people with disabilities follow separate, often more generous thresholds
- If you fall in the **coverage gap** (income too low for marketplace subsidies, not eligible for Medicaid) — see the "If You Live in a Non-Expansion State" section below

## Special Eligibility Categories (in all states)

**Children:** Generally covered up to 133–200%+ FPL (see the CHIP guide for children-specific coverage)

### **Pregnant women:**

- Most states cover pregnancy-related care up to **200% FPL** or higher
- Coverage can begin before standard Medicaid enrollment in many states
- Postpartum coverage extends for **12 months** after delivery in all states (extended by law in 2022)

### **Seniors (65+) and people with disabilities:**

- Separate income and asset rules apply — generally tied to SSI eligibility levels
- Medicare recipients may qualify for "dual coverage" (Medicare + Medicaid) which eliminates most out-of-pocket costs
- Medicaid can pay Medicare premiums, deductibles, and copays for dual-eligible enrollees

### **Long-term care / nursing home:**

- Medicaid is the primary payer for nursing home care in the US for people who have spent down their assets
- Strict asset limits apply (\$2,000 in most states for the applicant)
- Spousal protections allow the community spouse to retain a portion of assets
- Long-term care Medicaid planning is complex — consult an elder law attorney

# If You Live in a Non-Expansion State

- You may still qualify under traditional Medicaid if you are a parent, pregnant, elderly, or disabled
- If your income is **between 100–400% FPL**, you likely qualify for **subsidized health insurance on Healthcare.gov** (the marketplace)
- If your income is **below 100% FPL** in a non-expansion state, you may fall into the "coverage gap" — too poor for marketplace subsidies, not eligible for Medicaid
- **Georgia:** Pathways to Coverage program requires 80 hours/month of work activity for limited enrollment
- **Wisconsin:** BadgerCare covers parents and caretakers up to 100% FPL — childless adults are generally not covered
- If you are uninsured in a non-expansion state, visit **Healthcare.gov** and **211.org** for coverage options and local navigator assistance

# Documents You Will Need

## Identity

- Photo ID — driver's license, state ID, or passport
- Social Security number for each household member applying
- Birth certificates for children
- Immigration or citizenship documents if applicable

## Proof of Income

- Last 30 days of pay stubs for all employed household members
- Self-employment: most recent tax return or 3 months of business records
- Social Security, SSI, or SSDI award letter
- Pension or retirement income statements
- Unemployment compensation documentation
- Child support or alimony received

## Proof of Residency

- Current lease or rental agreement
- Recent utility bill (electric, gas, water)
- Any official mail with your name and current address

## Additional Documents (if applicable)

- Medicare card (if enrolled)
- Disability determination letter (if applying based on disability)
- Pregnancy documentation (if applying as a pregnant woman)
- Immigration status documents for non-citizen applicants

# How to Apply – Step by Step

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## Apply Any Time

- Medicaid has no open enrollment period — you can apply on any day of the year
- If you recently lost a job, had a baby, lost other coverage, or had any life change, apply immediately

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## Submit Your Application

- Apply as completely as possible but don't delay applying while gathering documents
- Your **coverage start date** is tied to the day you apply — not the day you're approved
- Applying early protects your eligibility backdating rights

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## Wait for Your Decision

- Standard applications: processed within **45 days**
- Disability-based applications: up to **90 days**
- Many states process standard adult applications in **5–15 business days**
- You will be notified by mail or electronically

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## Choose How to Apply

- **Online (fastest):** Go to your state's Medicaid portal or visit **HealthCare.gov** — it screens for both Medicaid and marketplace coverage
- **By phone:** Call your state Medicaid office directly
- **In person:** Visit your local Medicaid or Department of Social Services office
- **By mail:** Paper applications are available from your state office

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## Respond to Any Requests Promptly

- Your state may request additional documents after you apply
- Respond within the timeframe given in the request — delays on your end delay your coverage
- Interviews are required in some states, typically by phone

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## Retroactive Coverage

- If approved, coverage may be **backdated to the first day of the month** you applied
- In many states, Medicaid can cover medical bills from **up to 3 months before** your application date — this is called retroactive or "retro" coverage
- Ask specifically about retroactive coverage if you have recent medical bills

# What Happens After You're Approved

- You will receive a **Medicaid ID card** (or enrollment confirmation) — keep it with you
- You will be assigned to a managed care plan in most states (you may get to choose)
- You can start using coverage immediately for doctor visits, prescriptions, and other covered services
- Find in-network providers through your state's Medicaid provider directory
- **\$0 premiums** in most cases for standard expansion Medicaid
- Small copays may apply (typically \$1-\$4 for prescriptions, \$3-\$8 for office visits) depending on your state and income level



# Coming in 2027 – What Current Enrollees Need to Do Now

## If work requirements apply to you, start preparing before January 2027:

- Know your hours — track work, school, volunteer, or caregiving hours monthly
- Know your exemptions — if you believe you qualify for an exemption (caregiver, medical condition), gather documentation now
- Watch for notices — your state will send instructions on how to report compliance
- Update your contact information — mailed notices you don't receive can cause you to lose coverage
- Ask your doctor — if you have a medical condition that limits your ability to work, ask your provider to document it for the medically frail exemption

## If you are a non-citizen currently enrolled in Medicaid:

- Contact your state Medicaid office **now** to understand how October 2026 changes affect your specific situation
- If you will lose Medicaid in October 2026, begin exploring marketplace coverage options at [HealthCare.gov](https://www.healthcare.gov)
- Consult an immigration attorney about your situation before making any changes

# Common Reasons for Denial – and What to Do

## Income too high

Request a fair hearing; verify that all deductions were applied and income was calculated correctly. Monthly rather than annual income may be used — ask which was used

## Not a qualifying category (non-expansion states)

Ask specifically about pregnancy, disability, and parent/caretaker categories. Also explore Healthcare.gov marketplace plans

## Immigration status

US citizen children are eligible even if parents are not. Consult an immigration attorney before giving up

## Missing documents

Call your caseworker directly and ask exactly what is still needed

## Residency not verified

A letter from a shelter, social service agency, or neighbor can satisfy this in many states

## If You Are Denied

- You have the right to request a **fair hearing** — deadlines vary by state but are typically **90 days** from the denial notice
- At a fair hearing, your case is reviewed by a neutral officer — bring all your documents
- You can bring an advocate, friend, or attorney — it is free and informal
- Many denials are overturned when income was miscalculated or documents were not fully reviewed
- Contact your state's **Medicaid legal aid** or a benefits navigator for help with an appeal

# Renewing Your Benefits

## Current rules (before January 2027):

- Most enrollees renew **annually** — you will receive a notice before your renewal date
- Respond to renewal notices on time — losing coverage due to a missed renewal can create a gap
- Report changes in income or household size within **10 days** (varies by state)
- A drop in income should be reported immediately — your coverage or cost-sharing may improve

## Starting January 1, 2027:

- ACA expansion adults (ages 19–64) will renew every **6 months**
- Keep your address, phone number, and email updated with your state Medicaid office so you receive notices
- Missing a six-month renewal will result in loss of coverage — you would need to reapply

# Tips That Actually Help



## **Apply even if you are working.**

Many full-time and part-time workers qualify for Medicaid under expansion. Income, not employment status, is what matters.



## **Apply on the first of the month.**

If you are approved, coverage is backdated to the first day of the month you applied — so applying on the 1st gives you the full month.



## **Check for retroactive coverage.**

If you have unpaid medical bills from recent months, ask specifically about retroactive Medicaid coverage when you apply — this can eliminate thousands of dollars of debt.



## **Dual coverage with Medicare.**

If you have Medicare and low income, you may qualify for a Medicare Savings Program through Medicaid that pays your Medicare Part B premium (\$185.00/month in 2026) — that is over \$2,200 in annual savings.



## **Free preventive care.**

Medicaid covers annual checkups, vaccines, cancer screenings, and dental (in most states) at no cost — use these benefits even when you feel healthy.



## **Mental health parity.**

Medicaid must cover mental health and substance use disorder services on par with physical health services — this includes therapy, psychiatry, and addiction treatment.



## **Track your hours now.**

If work requirements are coming, starting a simple log today — hours worked, volunteer hours, school attendance — will make compliance much easier in 2027.

# Find Help in Your State



## Apply online

HealthCare.gov (screens for Medicaid + marketplace) or your state's Medicaid portal



## Free enrollment help

localhelp.healthcare.gov — find a navigator near you



## Local social services

211.org or call 2-1-1



## Find your state Medicaid office

[medicaid.gov/about-us/contact-us](https://www.medicaid.gov/about-us/contact-us)



## Benefits screening

[benefits.gov/benefit-finder](https://www.benefits.gov/benefit-finder)



## Work requirements guidance (OBBBA)

[chcs.org/resource/a-summary-of-national-medicaid-work-requirements](https://www.chcs.org/resource/a-summary-of-national-medicaid-work-requirements)

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- For advice specific to your personal situation, consult a licensed attorney, a certified benefits counselor, a social worker, or an accredited immigration specialist

## This Is Not an Official Eligibility Determination

- Eligibility information presented in this guide is a **general summary** of federal program rules and does not constitute a formal determination of your eligibility for any program
- Only the administering government agency can make an official determination of whether you qualify for benefits
- Being described as "likely eligible" or "may qualify" in this guide or in any associated tool does not guarantee that you will receive benefits
- Final eligibility is determined by your state or local agency based on your specific household circumstances, documentation, and applicable law at the time of your application

## Information May Be Outdated or Incomplete

- Federal assistance programs change frequently — income limits, benefit amounts, eligibility rules, and application processes are updated by Congress, federal agencies, and state governments on a regular basis
- The information in this guide reflects program rules as of the date noted on the guide and **may not reflect recent changes**
- Medicaid rules in particular vary significantly by state, and this guide cannot capture every state-specific variation
- The OBBBA work requirements, redetermination schedules, and non-citizen coverage provisions described in this guide are subject to ongoing federal guidance, state implementation decisions, and potential legal challenges — rules may change before or after implementation dates
- Always verify current eligibility requirements directly with your state Medicaid agency before making decisions based on this guide

## Program Funding and Availability Are Not Guaranteed

- Medicaid is subject to ongoing federal and state legislative changes including funding cuts, work requirement implementation, and eligibility restrictions
- Future changes may reduce eligibility, benefit levels, or covered services beyond what is described in this guide

## State-Specific Rules May Differ Substantially

- This guide presents federal baseline program rules; **your state may have stricter or more generous eligibility rules, different income limits, different application processes, and different benefit amounts**
- Always contact your **state's Medicaid agency** for rules that apply specifically to where you live

## Immigration and Public Charge

- Information in this guide about immigration status and Medicaid eligibility reflects general federal policy as of the publication date and **is not legal advice**
- Immigration law and public charge rules are subject to regulatory and legal changes — including the October 2026 non-citizen coverage changes described in this guide
- If you or any household member has questions about immigration status and the impact of applying for Medicaid, **consult a qualified immigration attorney or accredited representative before applying**
- We make no representations or warranties about the immigration consequences of applying for Medicaid

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- This guide is an informational resource and **is not a substitute for emergency assistance**
- If you need emergency medical care, call **911** or go to your nearest emergency room — emergency rooms cannot turn away patients for inability to pay, regardless of insurance status
- For free or low-cost medical care while your Medicaid application is pending, find a Federally Qualified Health Center (FQHC) at [findahealthcenter.hrsa.gov](http://findahealthcenter.hrsa.gov)

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