

## AHCCCS ELIGIBILITY REQUIREMENTS January 1, 2019

Where to Apply	Eligibility Criteria				General Information
	Household Monthly Income by Household Size (After Deductions) <sup>1</sup>	Resource Limits (Equity)	Social Security #	Special Requirements	Benefits

### Coverage for Children

<b>Children Under Age 1</b>	www.healtharizonaplus.gov or DES/Family Assistance Office Call 1-855-HEA-PLUS for the nearest office	147% FPL	N/A	Required	N/A	AHCCCS Medical Services <sup>2</sup>
		1     \$1,488 2     \$2,017 3     \$2,546 4     \$3,075 Add \$529 per Add'l person*				
<b>Children Ages 1 – 5</b>	www.healtharizonaplus.gov or DES/Family Assistance Office Call 1-855-HEA-PLUS for the nearest office	141% FPL	N/A	Required	N/A	AHCCCS Medical Services <sup>2</sup>
		1     \$1,427 2     \$1,935 3     \$2,442 4     \$2,950 Add \$508 per Add'l person*				
<b>Children Ages 6 – 19</b>	www.healtharizonaplus.gov or DES/Family Assistance Office Call 1-855-HEA-PLUS for the nearest office	133% FPL	N/A	Required	N/A	AHCCCS Medical Services <sup>2</sup>
		1     \$1,346 2     \$1,825 3     \$2,304 4     \$2,782 Add \$479 per Add'l person*				
<b>KidsCare Children Under Age 19</b>	www.healtharizonaplus.gov or DES/Family Assistance Office Call 1-855-HEA-PLUS for the nearest office	200% FPL	N/A	Required	<ul style="list-style-type: none"> <li>▪ Not eligible for Medicaid</li> <li>▪ No health insurance coverage within last 3 months</li> <li>▪ Not available to State employees, their children, or spouses</li> <li>▪ \$10 - \$70 monthly premium covers all eligible children</li> </ul>	AHCCCS Medical Services <sup>2</sup>
		1     \$2,024 2     \$2,744 3     \$3,464 4     \$4,183 Add \$720 per Add'l person*				

### Coverage for Individuals

<b>Parent &amp; Caretaker Relatives</b>	www.healtharizonaplus.gov or DES/Family Assistance Office Call 1-855-HEA-PLUS for the nearest office	106% FPL	N/A	Required		AHCCCS Medical Services <sup>2</sup>
		1     \$1,073 2     \$1,454 3     \$1,836 4     \$2,218 Add \$382 per Add'l person*				
<b>Adults</b>	www.healtharizonaplus.gov or DES/Family Assistance Office Call 1-855-HEA-PLUS for the nearest office	133% FPL	N/A	Required	<ul style="list-style-type: none"> <li>▪ 19 years of age or older</li> <li>▪ Under age 65</li> <li>▪ Not entitled to Medicare</li> <li>▪ Adult's children must have health insurance coverage</li> <li>▪ Ineligible for any other categorical Medicaid coverage</li> </ul>	AHCCCS Medical Services <sup>2</sup>
		1     \$1,346 2     \$1,825 3     \$2,304 4     \$2,782 Add \$479 per Add'l person*				

### Coverage for Women

<b>Pregnant Women</b>	www.healtharizonaplus.gov or DES/Family Assistance Office Call 1-855-HEA-PLUS for the nearest office	156% FPL	N/A	Required		AHCCCS Medical Services <sup>2</sup>
		1     \$1,579 2     \$2,140 3     \$2,702 4     \$3,263 Add \$562 per Add'l person* (Limit increases for each expected child)				
<b>Breast &amp; Cervical Cancer Treatment Program</b>	Well Women Healthcheck Program Call 1-888-257-8502 for the nearest office	N/A	N/A	Required	<ul style="list-style-type: none"> <li>▪ Under age 65</li> <li>▪ Screened and diagnosed with breast cancer, cervical cancer, or a pre-cancerous cervical lesion by the Well Woman Health check Program</li> <li>▪ Ineligible for any other Medicaid coverage</li> </ul>	AHCCCS Medical Services <sup>2</sup>

## AHCCCS ELIGIBILITY REQUIREMENTS February 1, 2018

Application	Eligibility Criteria				General Information
Where to Apply	Household Monthly Income by Household Size (After Deductions) <sup>1</sup>	Resource Limits (Equity)	Social Security Number	Special Requirements	Benefits

### Coverage for Elderly or Disabled People

<b>Long Term Care</b>	ALTCS Office Call 602-417-7000 or 1-800-654-8713 for the nearest office	300% FBR \$ 2,313 Individual	\$2,000 Individual <sup>3</sup>	Required	<ul style="list-style-type: none"> <li>▪ Requires nursing home level of care or equivalent</li> <li>▪ May be required to pay a share of cost</li> <li>▪ Estate recovery program for the cost of services received after age 55</li> </ul>	AHCCCS Medical Services <sup>2</sup> , Nursing Facility, Home & Community Based Services, and Hospice
<b>SSI CASH</b>	Social Security Administration	100% FBR \$ 771 Individual \$1,157 Couple	\$2,000 Individual \$3,000 Couple	Required	<ul style="list-style-type: none"> <li>▪ Age 65 or older, determined to be blind, or have a disability</li> </ul>	AHCCCS Medical Services <sup>2</sup>
<b>SSI MAO</b>	www.healthearizonaplus.gov or mail an application to SSI MAO 801 E Jefferson MD 3800 Phoenix, Arizona 85034	100% FPL \$ 1,012 Individual \$ 1,372 Couple	N/A	Required	<ul style="list-style-type: none"> <li>▪ Age 65 or older, determined to be blind, or have a disability</li> </ul>	AHCCCS Medical Services <sup>2</sup>
<b>Freedom to Work</b>	www.healthearizonaplus.gov or mail an application to 801 E Jefferson MD 7004 Phoenix, AZ 85034 602-417-6677 1-800-654-8713 Option 6	250% FPL \$2,530 Individual Only Earned Income is Counted	N/A	Required	<ul style="list-style-type: none"> <li>▪ Must be working and either determined to be blind or have a disability</li> <li>▪ Must be age 16 through 64</li> <li>▪ Premium may be \$0 to \$35 monthly</li> </ul> <p style="margin-top: 5px;">+ Need for Nursing home level of care or equivalent is required for Long Term Care (Nursing Facility, Home &amp; Community Based Services, or Hospice)</p>	AHCCCS Medical Services <sup>2</sup>  Nursing Facility, Home & Community Based Services, and Hospice

### Coverage for Medicare Beneficiaries

<b>QMB</b>	www.healthearizonaplus.gov or mail an application to SSI MAO 801 E Jefferson MD 3800 Phoenix, Arizona 85034	100% FPL \$ 1,012 Individual \$ 1,372 Couple	N/A	Required	<ul style="list-style-type: none"> <li>▪ Entitled to Medicare Part A</li> </ul>	Payment of Part A & B premiums, coinsurance, and deductibles
<b>SLMB</b>	www.healthearizonaplus.gov or mail an application to SSI MAO 801 E Jefferson MD 3800 Phoenix, Arizona 85034	120% FPL \$1,012.01- \$1,214.00 Individual \$1,372.01- \$1,646.00 Couple	N/A	Required	<ul style="list-style-type: none"> <li>▪ Entitled to Medicare Part A</li> </ul>	Payment of Part B premium
<b>QI-1</b>	www.healthearizonaplus.gov or mail an application to SSI MAO 801 E Jefferson MD 3800 Phoenix, Arizona 85034	135% FPL \$1,214.01-\$1,366.00 Individual \$1,646.01-\$1,852.00 Couple	N/A	Required	<ul style="list-style-type: none"> <li>▪ Entitled to Medicare Part A</li> <li>▪ Not receiving Medicaid benefits</li> </ul>	Payment of Part B premium

Applicants for the above programs must be Arizona residents and either U.S. citizens or qualified immigrants. Applicants may need to provide documentation of U.S. Citizenship or immigrant status.

Applicants for the Children, Caretaker Relative, Pregnant Women, Adult, and SSI-MAO, who do not meet the citizen/immigrant status requirements may qualify for Emergency Services.

**NOTES:** 1. Income deductions vary by program, but may include work expenses and educational expenses.

2. AHCCCS Medical Services include, but are not limited to, doctor's office visits, immunizations, hospital care, lab, x-rays, and prescriptions.

3. If the applicant has a spouse living in the community, between \$25,284 and \$126,420 of the couple's resources may be disregarded.

4. \*\*Each additional" approximate amounts only.