

AHCCCS ELIGIBILITY REQUIREMENTS February 1, 2021

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

Coverage for Children

Children Under Age 1	www.healtharizonaplus.gov or DES/Family Assistance Office Call 1-855-HEA-PLUS for the nearest office	147% FPL 1 \$1,578 2 \$2,134 3 \$2,691 4 \$3,247 Add \$557 per Add'l person*	N/A	Required	N/A	AHCCCS Medical Services ²
Children Ages 1 – 5	www.healtharizonaplus.gov or DES/Family Assistance Office Call 1-855-HEA-PLUS for the nearest office	141% FPL 1 \$1,514 2 \$2,047 3 \$2,581 4 \$3,114 Add \$534 per Add'l person*	N/A	Required	N/A	AHCCCS Medical Services ²
Children Ages 6 – 19	www.healtharizonaplus.gov or DES/Family Assistance Office Call 1-855-HEA-PLUS for the nearest office	133% FPL 1 \$1,428 2 \$1,931 3 \$2,434 4 \$2,938 Add \$504 per Add'l person*	N/A	Required	N/A	AHCCCS Medical Services ²
KidsCare Children Under Age 19	www.healtharizonaplus.gov or DES/Family Assistance Office Call 1-855-HEA-PLUS for the nearest office	200% FPL 1 \$2,147 2 \$2,904 3 \$3,660 4 \$4,417 Add \$757 per Add'l person*	N/A	Required	<ul style="list-style-type: none"> ▪ Not eligible for Medicaid ▪ No health insurance coverage within last 3 months ▪ Not available to State employees, their children, or spouses ▪ \$10 - \$70 monthly premium covers all eligible children 	AHCCCS Medical Services ²

Coverage for Individuals

Parent & Caretaker Relatives	www.healtharizonaplus.gov or DES/Family Assistance Office Call 1-855-HEA-PLUS for the nearest office	106% FPL 1 \$1,138 2 \$1,539 3 \$1,940 4 \$2,341 Add \$396 per Add'l person*	N/A	Required		AHCCCS Medical Services ²
Adults	www.healtharizonaplus.gov or DES/Family Assistance Office Call 1-855-HEA-PLUS for the nearest office	133% FPL 1 \$1,428 2 \$1,931 3 \$2,434 4 \$2,938 Add \$504 per Add'l person*	N/A	Required	<ul style="list-style-type: none"> ▪ 19 years of age or older ▪ Under age 65 ▪ Not entitled to Medicare ▪ Adult's children must have health insurance coverage ▪ Ineligible for any other categorical Medicaid coverage 	AHCCCS Medical Services ²

Coverage for Women

Pregnant Women	www.healtharizonaplus.gov or DES/Family Assistance Office Call 1-855-HEA-PLUS for the nearest office	156% FPL 1 \$1,675 2 \$2,265 3 \$2,855 4 \$3,445 Add \$591 per Add'l person* (Limit increases for each expected child)	N/A	Required		AHCCCS Medical Services ²
Breast & Cervical Cancer Treatment Program	Well Women Healthcheck Program Call 1-888-257-8502 for the nearest office	N/A	N/A	Required	<ul style="list-style-type: none"> ▪ Under age 65 ▪ Screened and diagnosed with breast cancer, cervical cancer, or a pre-cancerous cervical lesion by the Well Woman Health check Program ▪ Ineligible for any other Medicaid coverage 	AHCCCS Medical Services ²

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Coverage for Elderly or Disabled People

Long Term Care	ALTCS Office Call 602-417-7000 or 1-800-654-8713 for the nearest office	300% FBR \$ 2,382 Individual	\$2,000 Individual ³	Required	<ul style="list-style-type: none"> ▪ Requires nursing home level of care or equivalent ▪ May be required to pay a share of cost ▪ Estate recovery program for the cost of services received after age 55 	AHCCCS Medical Services ² , Nursing Facility, Home & Community Based Services, and Hospice
SSI CASH	Social Security Administration	100% FBR \$ 794 Individual \$1,191 Couple	\$2,000 Individual \$3,000 Couple	Required	<ul style="list-style-type: none"> ▪ Age 65 or older, determined to be blind, or have a disability 	AHCCCS Medical Services ²
SSI MAO	www.healtharizonaplus.gov or mail an application to SSI MAO 801 E Jefferson MD 3800 Phoenix, Arizona 85034	100% FPL \$ 1,074 Individual \$ 1,452 Couple	N/A	Required	<ul style="list-style-type: none"> ▪ Age 65 or older, determined to be blind, or have a disability 	AHCCCS Medical Services ²
Freedom to Work	www.healtharizonaplus.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 \$2,684 Individual Only Earned Income is Counted	N/A	Required	<ul style="list-style-type: none"> ▪ Must be working and either determined to be blind or have a disability ▪ Must be age 16 through 64 ▪ Premium may be \$0 to \$35 monthly <p style="margin-top: 5px;">+ Need for Nursing home level of care or equivalent is required for Long Term Care (Nursing Facility, Home & Community Based Services, or Hospice)</p>	AHCCCS Medical Services ² Nursing Facility, Home & Community Based Services, and Hospice

Coverage for Medicare Beneficiaries

QMB	www.healtharizonaplus.gov or mail an application to SSI MAO 801 E Jefferson MD 3800 Phoenix, Arizona 85034	100% FPL \$ 1,074 Individual \$ 1,452 Couple	N/A	Required	<ul style="list-style-type: none"> ▪ Entitled to Medicare Part A 	Payment of Part A & B premiums, coinsurance, and deductibles
SLMB	www.healtharizonaplus.gov or mail an application to SSI MAO 801 E Jefferson MD 3800 Phoenix, Arizona 85034	120% FPL \$1,074.01- \$1,288.00 Individual \$1,452.01- \$1,742.00 Couple	N/A	Required	<ul style="list-style-type: none"> ▪ Entitled to Medicare Part A 	Payment of Part B premium
QI-1	www.healtharizonaplus.gov or mail an application to SSI MAO 801 E Jefferson MD 3800 Phoenix, Arizona 85034	135% FPL \$1,288.01-\$1,449.00 Individual \$1,742.01-\$1,960.00 Couple	N/A	Required	<ul style="list-style-type: none"> ▪ Entitled to Medicare Part A ▪ Not receiving Medicaid benefits 	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 \$25,728 and \$128,640 of the couple's resources may be disregarded.

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