010083- MARICOPA HEALTH PLAN

NAME	AHCCCS ID #	SEX	DOB	KEY CODE	BEGIN DATE	END DATE	CO-PAY LEVEL	DISCRIPTION OF CHANGE	NEW CO-PAY LEVEL
Test Recipient A	555555555	F	12/05/1981	587	11/06/2002		40	ADD MENTAL HEALTH CATEGORY 'G'	00
Test Recipient B	A44444444	M	01/30/1962	587	01/01/2003		40	ADD MENTAL HEALTH CATEGORY 'G'	00
Test Recipient C	555555554	F	11/30/1950	587	01/01/2003		40	ADD MENTAL HEALTH CATEGORY 'S'	00
Test Recipient D	A47474747	M	02/03/1960	585	10/01/2002		20	ADD MENTAL HEALTH CATEGORY 'S'	00
Test Recipient E	550550550	M	12/31/1981	587	03/01/2002		40	ADD MENTAL HEALTH CATEGORY 'D	40
Test Recipient F	522222222	M	08/26/1972	220	08/01/2002		20	ADD 587 ELIG EFFECTIVE 1/1/04	20

010083- MARICOPA HEALTH PLAN

NAME DOB ELIG BEGIN DATE