

## AHCCCS ELIGIBILITY REQUIREMENTS February 1, 2023

| 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<br>or<br>DES/Family Assistance Office<br>Call 1-855-HEA-PLUS for the nearest office | 147% FPL<br>1 \$1,787<br>2 \$2,416<br>3 \$3,046<br>4 \$3,675<br>Add \$630 per Add'l person* | N/A | Required | N/A  | AHCCCS Medical Services <sup>2</sup> |
| <b>Children Ages 1 – 5</b>            | www.healtharizonaplus.gov<br>or<br>DES/Family Assistance Office<br>Call 1-855-HEA-PLUS for the nearest office | 141% FPL<br>1 \$1,714<br>2 \$2,318<br>3 \$2,922<br>4 \$3,525<br>Add \$604 per Add'l person* | N/A | Required | N/A  | AHCCCS Medical Services <sup>2</sup> |
| <b>Children Ages 6 – 18</b>           | www.healtharizonaplus.gov<br>or<br>DES/Family Assistance Office<br>Call 1-855-HEA-PLUS for the nearest office | 133% FPL<br>1 \$1,616<br>2 \$2,186<br>3 \$2,756<br>4 \$3,325<br>Add \$570 per Add'l person* | N/A | Required | N/A  | AHCCCS Medical Services <sup>2</sup> |
| <b>KidsCare Children Under Age 19</b> | www.healtharizonaplus.gov<br>or<br>DES/Family Assistance Office<br>Call 1-855-HEA-PLUS for the nearest office | 200% FPL<br>1 \$2,430<br>2 \$3,287<br>3 \$4,144<br>4 \$5,000<br>Add \$857 per Add'l person* | 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> |

### Coverage for Individuals

|   |   |   |     |          |  |                                      |
|---|---|---|-----|----------|--|--------------------------------------|
| <b>Parent &amp; Caretaker Relatives</b> | www.healtharizonaplus.gov<br>or<br>DES/Family Assistance Office<br>Call 1-855-HEA-PLUS for the nearest office | 106% FPL<br>1 \$1,288<br>2 \$1,742<br>3 \$2,196<br>4 \$2,650<br>Add \$455 per Add'l person* | N/A | Required |  | AHCCCS Medical Services <sup>2</sup> |
| <b>Adults</b>                           | www.healtharizonaplus.gov<br>or<br>DES/Family Assistance Office<br>Call 1-855-HEA-PLUS for the nearest office | 133% FPL<br>1 \$1,616<br>2 \$2,186<br>3 \$2,756<br>4 \$3,325<br>Add \$570 per Add'l person* | 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> |

### Coverage for Women

|   |   |  |     |          |   |                                      |
|---|---|--|-----|----------|---|--------------------------------------|
| <b>Pregnant Women</b>                                 | www.healtharizonaplus.gov<br>or<br>DES/Family Assistance Office<br>Call 1-855-HEA-PLUS for the nearest office | 156% FPL<br>1 \$1,896<br>2 \$2,564<br>3 \$3,232<br>4 \$3,900<br>Add \$669 per Add'l person*<br>(Limit increases for each expected child) | N/A | Required |   | AHCCCS Medical Services <sup>2</sup> |
| <b>Breast &amp; Cervical Cancer Treatment Program</b> | Well Women Healthcheck Program<br>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> |

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| Application    | Eligibility Criteria   |                          |                        |                      | General Information |
|----------------|--|--------------------------|------------------------|----------------------|---------------------|
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### Coverage for Elderly or Disabled People

|                        |   |   |                                      |          |   |   |
|------------------------|---|---|--------------------------------------|----------|---|---|
| <b>Long Term Care</b>  | ALTCS Office<br>Call 602-417-7000 or 1-800-654-8713 for the nearest office  | 300% FBR<br>\$2,742 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> ,<br>Nursing Facility,<br>Home & Community Based Services, and Hospice   |
| <b>SSI CASH</b>        | Social Security Administration  | 100% FBR<br>\$ 914 Individual<br>\$1,371 Couple                 | \$2,000 Individual<br>\$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.healtharizonaplus.gov or mail an application to SSI MAO<br>801 E Jefferson MD 3800 Phoenix, Arizona 85034                               | 100% FPL<br>\$1,215 Individual<br>\$1,644 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.healtharizonaplus.gov or mail an application to<br>801 E Jefferson MD 7004 Phoenix, AZ 85034<br>602-417-6677<br>1-800-654-8713 Option 6 | 250% FPL<br>\$3,038 Individual<br>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>+ 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><br><br>Nursing Facility,<br>Home & Community Based Services, and Hospice |

### Coverage for Medicare Beneficiaries

|             |   |  |     |          |  |  |
|-------------|---|--|-----|----------|--|--|
| <b>QMB</b>  | www.healtharizonaplus.gov or mail an application to SSI MAO<br>801 E Jefferson MD 3800 Phoenix, Arizona 85034 | 100% FPL<br>\$1,215 Individual<br>\$1,644 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.healtharizonaplus.gov or mail an application to SSI MAO<br>801 E Jefferson MD 3800 Phoenix, Arizona 85034 | 120% FPL<br>\$1,215.01- \$1,458.00 Individual<br>\$1,644.01- \$1,972.00 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.healtharizonaplus.gov or mail an application to SSI MAO<br>801 E Jefferson MD 3800 Phoenix, Arizona 85034 | 135% FPL<br>\$1,458.01-\$1,641.00 Individual<br>\$1,972.01-\$2,219.00 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 \$29,724 and \$148,620 of the couple's resources may be disregarded.

4. \*Each additional" approximate amounts only.