ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

AHCCCS ELIGIBILITY REQUIREMENTS February 1, 2026

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.healthearizonaplus.gov or DES/Family Assistance Office Call 1-855-HEA-PLUS for the nearest office	147% FPL 1 $1,956.00 2 $2,651.00 3 $3,347.00 4 $4,043.00 Add $696 per Add'l person*	N/A	Required	**N/A**	AHCCCS Medical Services[2]
Children Ages 1 – 5 www.healthearizonaplus.gov or DES/Family Assistance Office Call 1-855-HEA-PLUS for the nearest office	141% FPL 1 $1,876.00 2 $2,543.00 3 $3,211.00 4 $3,878.00 Add $668 per Add'l person*	N/A	Required	**N/A**	AHCCCS Medical Services[2]
Children Ages 6 – 18 www.healthearizonaplus.gov or DES/Family Assistance Office Call 1-855-HEA-PLUS for the nearest office	133% FPL 1 $1,769.00 2 $2,399.00 3 $3,028.00 4 $3,658.00 Add $630 per Add'l person*	N/A	Required	**N/A**	AHCCCS Medical Services[2]
KidsCare Children Under Age 19 www.healthearizonaplus.gov or DES/Family Assistance Office Call 1-855-HEA-PLUS for the nearest office	225% FPL 1 $2,993.00 2 $4,058.00 3 $5,123.00 4 $6,188.00 Add $1,065 per Add'l person*	N/A	Required	▪ Not eligible for Medicaid ▪ 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.healthearizonaplus.gov or DES/Family Assistance Office Call 1-855-HEA-PLUS for the nearest office	106% FPL 1 $1,410.00 2 $1,912.00 3 $2,414.00 4 $2,915.00 Add $502 per Add'l person*	N/A	Required		AHCCCS Medical Services[2]
Adults www.healthearizonaplus.gov or DES/Family Assistance Office Call 1-855-HEA-PLUS for the nearest office	133% FPL 1 $1,769.00 2 $2,399.00 3 $3,028.00 4 $3,658.00 Add $630 per Add'l person*	N/A	Required	▪ 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.healthearizonaplus.gov or DES/Family Assistance Office Call 1-855-HEA-PLUS for the nearest office	156% FPL 1 $2,075.00 2 $2,814.00 3 $3,552.00 4 $4,290.00 Add $739 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	▪ 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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Application	*Eligibility Criteria*				*General Information*
Where to Apply	**Household Monthly Income by Household Size (After Deductions)** [1]	**Resource Limits (Equity)**	**Social Security Number**	**Special Requirements**	**Benefits**
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 $2,982 Individual	$2,000 Individual[3]	Required	▪ 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 $994 Individual $1,491 Couple	$2,000 Individual $3,000 Couple	Required	▪ Age 65 or older, determined to be blind, or have a disability	AHCCCS Medical Services[2]
SSI MAO	www.healthearizonaplus.gov or mail an application to AHCCCS P.O. Box 25520 SSI MAO, MD 15022 Phoenix, AZ 85002-5520	100% FPL $1,330 Individual $1,804 Couple	N/A	Required	▪ Age 65 or older, determined to be blind, or have a disability	AHCCCS Medical Services[2]
Freedom to Work	www.healthearizonaplus.gov or mail an application to AHCCCS P.O. Box 25520 SSI MAO, MD 15022 Phoenix, AZ 85002-5520 602-417-6677 1-800-654-8713 Option 6	250% FPL $3,325 Individual Only Earned Income is Counted	N/A	Required	▪ 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 + Need for Nursing home level of care or equivalent is required for Long Term Care (Nursing Facility, Home & Community Based Services, or Hospice)	AHCCCS Medical Services[2] Nursing Facility, Home & Community Based Services, and Hospice
Coverage for Medicare Beneficiaries						
QMB	www.healthearizonaplus.gov or mail an application to AHCCCS P.O. Box 25520 SSI MAO, MD 15022 Phoenix, AZ 85002-5520	100% FPL $1,330 Individual $1,804 Couple	N/A	Required	▪ Entitled to Medicare Part A	Payment of Part A & B premiums, coinsurance, and deductibles
SLMB	www.healthearizonaplus.gov or mail an application to AHCCCS P.O. Box 25520 SSI MAO, MD 15022 Phoenix, AZ 85002-5520	120% FPL $1,330.01- $1,596.00 Individual $1,804.01- $2,164.00 Couple	N/A	Required	▪ Entitled to Medicare Part A	Payment of Part B premium
QI-1	www.healthearizonaplus.gov or mail an application to AHCCCS P.O. Box 25520 SSI MAO, MD 15022 Phoenix, AZ 85002-5520	135% FPL $1,596.01-$1,796.00 Individual $2,164.01-$2,435.00 Couple	N/A	Required	▪ 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 $32,532 and $162,660 of the couple's resources may be disregarded.
4. *Each additional" approximate amounts only.