

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	N/A	Required	N/A	AHCCCS Medical Services ²		
		<table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20px;">1</td><td style="text-align: right;">\$1,578</td></tr> <tr><td>2</td><td style="text-align: right;">\$2,134</td></tr> <tr><td>3</td><td style="text-align: right;">\$2,691</td></tr> <tr><td>4</td><td style="text-align: right;">\$3,247</td></tr> </table> Add \$557 per Add'l person*					1	\$1,578
1	\$1,578							
2	\$2,134							
3	\$2,691							
4	\$3,247							
Children Ages 1 – 5	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 ²		
		<table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20px;">1</td><td style="text-align: right;">\$1,514</td></tr> <tr><td>2</td><td style="text-align: right;">\$2,047</td></tr> <tr><td>3</td><td style="text-align: right;">\$2,581</td></tr> <tr><td>4</td><td style="text-align: right;">\$3,114</td></tr> </table> Add \$534 per Add'l person*					1	\$1,514
1	\$1,514							
2	\$2,047							
3	\$2,581							
4	\$3,114							
Children Ages 6 – 19	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 ²		
		<table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20px;">1</td><td style="text-align: right;">\$1,428</td></tr> <tr><td>2</td><td style="text-align: right;">\$1,931</td></tr> <tr><td>3</td><td style="text-align: right;">\$2,434</td></tr> <tr><td>4</td><td style="text-align: right;">\$2,938</td></tr> </table> Add \$504 per Add'l person*					1	\$1,428
1	\$1,428							
2	\$1,931							
3	\$2,434							
4	\$2,938							
KidsCare Children Under Age 19	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"> ▪ 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		
		<table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20px;">1</td><td style="text-align: right;">\$2,147</td></tr> <tr><td>2</td><td style="text-align: right;">\$2,904</td></tr> <tr><td>3</td><td style="text-align: right;">\$3,660</td></tr> <tr><td>4</td><td style="text-align: right;">\$4,417</td></tr> </table> Add \$757 per Add'l person*					1	\$2,147
1	\$2,147							
2	\$2,904							
3	\$3,660							
4	\$4,417							

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	N/A	Required		AHCCCS Medical Services ²		
		<table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20px;">1</td><td style="text-align: right;">\$1,138</td></tr> <tr><td>2</td><td style="text-align: right;">\$1,539</td></tr> <tr><td>3</td><td style="text-align: right;">\$1,940</td></tr> <tr><td>4</td><td style="text-align: right;">\$2,341</td></tr> </table> Add \$396 per Add'l person*					1	\$1,138
1	\$1,138							
2	\$1,539							
3	\$1,940							
4	\$2,341							
Adults	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"> ▪ 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		
		<table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20px;">1</td><td style="text-align: right;">\$1,428</td></tr> <tr><td>2</td><td style="text-align: right;">\$1,931</td></tr> <tr><td>3</td><td style="text-align: right;">\$2,434</td></tr> <tr><td>4</td><td style="text-align: right;">\$2,938</td></tr> </table> Add \$504 per Add'l person*					1	\$1,428
1	\$1,428							
2	\$1,931							
3	\$2,434							
4	\$2,938							

Coverage for Women

Pregnant Women	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 ²		
		<table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20px;">1</td><td style="text-align: right;">\$1,675</td></tr> <tr><td>2</td><td style="text-align: right;">\$2,265</td></tr> <tr><td>3</td><td style="text-align: right;">\$2,855</td></tr> <tr><td>4</td><td style="text-align: right;">\$3,445</td></tr> </table> Add \$591 per Add'l person* (Limit increases for each expected child)					1	\$1,675
1	\$1,675							
2	\$2,265							
3	\$2,855							
4	\$3,445							
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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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 \$ 2,382 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>+ 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.