What services does AHCCCS Health Insurance cover?

| Covered Medical Services | | 
|--------------------------|--|---|
| Doctor’s Visits* | Immunizations (shots) | Transportation to Doctor** |
| Specialist Care | Family Planning | Glasses** |
| Hospital Services | Lab and X-rays | Vision Exams** |
| Emergency Care | Prescriptions | Dental Services** |
| Pregnancy Care | Dialysis | Hearing Exams** |
| Surgery** | Annual Well Women Exams | Hearing Aids** |

*Wellness visits for people age 21 and over are not covered.
**Coverage of these services may be limited depending on the service requested, your age or the program.

What does AHCCCS Health Insurance cost you?

<table>
<thead>
<tr>
<th>Premiums</th>
<th>Co-payments (cont.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Most people do not have to pay a monthly premium for AHCCCS Health Insurance. Some people with income too high to qualify for AHCCCS Health Insurance with no monthly premium may be able to get it by paying a monthly premium. If you have to pay a premium, the premium amounts are:</td>
<td>The following persons are never asked to pay co-payments:</td>
</tr>
<tr>
<td>• $10 - $70 per household for all children.</td>
<td>• Children under age 19</td>
</tr>
<tr>
<td>• $10 - $35 per person for employed people with disabilities.</td>
<td>• People determined to be Seriously Mentally Ill (SMI) by the Arizona Department of Health Services</td>
</tr>
</tbody>
</table>

Native Americans and Alaskan Natives
Per federal law, Native Americans enrolled with a federally recognized tribe and certain Alaskan Natives do not have to pay a KidsCare premium. To get KidsCare at no cost, you must give us proof of tribal enrollment.

Co-payments
A co-payment is the amount you pay a health care provider when you receive a medical service. Your co-payment amount will vary depending on which AHCCCS program you are enrolled in and the services you need. For some AHCCCS programs, the provider can deny services if the co-payments are not made. Co-payments for services are:

- $2.30 to $10.00 for prescriptions
- $0 to $30.00 for non-emergency use of an emergency room
- $3.40 to $5.00 for outpatient visits for evaluation and management services including doctors office visits
- $2.30 to $3.00 for physical, occupational or speech therapy
- $0 to $2.00 per one way trip for taxis ride, non-emergency medical transportation, and Taxi ride to obtain medical services (for adults in Maricopa and Pima counties only)

Remember to report any changes in income because this may change your co-payment amount.

How does AHCCCS Health Insurance work?
If you are approved for AHCCCS Health Insurance, you will receive your health care from an AHCCCS Health Plan unless:

- You are Native American and you choose American Indian Health Program as your health plan;
- You are just asking for help with your Medicare costs. If you are approved for one of the Medicare Cost Sharing programs, AHCCCS may pay your Medicare premiums and Medicare coinsurance and deductibles, or
- AHCCCS can only pay for your emergency services because of your status with the Bureau of Citizenship and Immigration Services. If you are approved for emergency services only, you may receive medical services from any provider (doctor, hospital, etc.) that has an agreement to bill AHCCCS for covered emergency services.

How Does a Health Plan Work?
- The health plan works with the health care providers (doctors, hospitals, pharmacies, etc.) to provide all AHCCCS covered services.
- The health plan will send you a member handbook once you are enrolled.
- You can call the health plan if you have any questions about your benefits or services or if you need an accommodation because of a disability or interpreter services. The phone number for your health plan’s member or customer services can be found on your AHCCCS ID Card and in your Member Handbook.

How Can I Get Behavioral Health Services?
- You can go through your primary doctor, or
- Call the behavioral health telephone number on your AHCCCS ID Card.

Your Primary Doctor and Specialists
- You must choose your primary doctor or one will be assigned to you.
- Once enrolled, you will get a list of primary doctors in your area from the health plan.
- Your primary doctor will:
  - Take care of your health care.
  - Be the first person you go to for non-emergency medical care.
  - Be responsible for authorizing your non-emergency medical services.
  - Send you to a specialist when needed.
- You have the right to change your primary doctor at any time by calling your Health Plan’s member or customer services.
What if I Have Medicare or Other Health Insurance?

- Be sure to tell your health plan that you have Medicare or any other health insurance.
- If your doctor does not contract with your AHCCCS health plan, your doctor must call the AHCCCS health plan to coordinate care or you may be responsible for any Medicare or other health insurance co-payments or deductibles.
- If you are in an HMO, you should pick a primary doctor who works with both your HMO and your AHCCCS health plan.
- If you have Medicare, your prescription coverage under AHCCCS is limited. If you have questions about prescriptions, call 1-800-MEDI-CARE (633-4227), or your AHCCCS health plan.

Your AHCCCS ID Card

- Your AHCCCS ID Card has your unique AHCCCS ID number.
- Show the card when you get medical care (you may need to show a picture ID as well).
- Doctors, hospitals and pharmacists use your AHCCCS ID Card to obtain faster verification of your eligibility.
- Keep your AHCCCS ID Card with you at all times.
- Keep your AHCCCS ID Card in a safe place.
- Do not let anyone else use your AHCCCS ID Card or you may be prosecuted.

How To Choose a Health Plan

YOU NEED TO CHOOSE A HEALTH PLAN THAT SERVES YOUR COUNTY.

- All AHCCCS health plans provide the same covered medical services.
- Review the health plans for your county listed below. Native Americans may choose American Indian Health Program or an AHCCCS Health Plan.
- Before choosing, check with your doctor, pharmacy or hospital, to see if they contract with (work with) the plan that you want. If you want more information about the doctors, specialists or hospitals that contract with a health plan that serves your county, call the number listed below for the health plan or ask your Eligibility Specialist for the health plan’s list of health care providers.
- If you do not choose a health plan, one will be assigned to you. If you have been enrolled in an AHCCCS health plan within the past 90 days, you may be enrolled with your previous health plan.

APACHE COUNTY

- UnitedHealthcare Community Plan ................................................................. 1-800-348-4058
- Health Choice Arizona ..................................................................................... 1-800-322-8670
- American Indian Health Program ................................................................. 928-792-8000

COCHISE COUNTY

- University Family Care .................................................................................. 1-800-582-8686
- UnitedHealthcare Community Plan ................................................................. 1-800-348-4058
- American Indian Health Program ................................................................. 520-295-2479

COCONINO COUNTY

- UnitedHealthcare Community Plan ................................................................. 1-800-348-4058
- Health Choice Arizona ..................................................................................... 1-800-322-8670
- American Indian Health Program ................................................................. 928-283-2501

If your zip code is 85943, you must choose from among the health plans listed under Navajo County.

GILA COUNTY

- Health Choice Arizona ..................................................................................... 1-800-322-8670
- University Family Care .................................................................................. 1-800-582-8686
- American Indian Health Program ................................................................. 928-475-2371

GRAHAM COUNTY

- University Family Care .................................................................................. 1-800-582-8686
- UnitedHealthcare Community Plan ................................................................. 1-800-348-4058
- American Indian Health Program ................................................................. 928-475-2686

If your zip code is 85845, you must choose from among the health plans listed under Cochise County.

GREENLEE COUNTY

- University Family Care .................................................................................. 1-800-582-8686
- UnitedHealthcare Community Plan ................................................................. 1-800-348-4058
- American Indian Health Program ................................................................. 928-475-2371

LA PAZ COUNTY

- UnitedHealthcare Community Plan ................................................................. 1-800-348-4058
- University Family Care .................................................................................. 1-800-582-8686
- American Indian Health Program ................................................................. 928-669-2137

MARICOPA COUNTY

- Health Net of Arizona ..................................................................................... 1-888-788-4408
- Care 1 Arizona ............................................................................................... 1-866-560-4042
- Health Choice Arizona ..................................................................................... 1-800-322-8670
- UnitedHealthcare Community Plan ................................................................. 1-800-348-4058
- Mercy Care Plan ............................................................................................. 1-800-624-3879
- Maricopa Health Plan ..................................................................................... 1-800-582-8686
- American Indian Health Program ................................................................. 602-263-1200

MOHAVE COUNTY

- UnitedHealthcare Community Plan ................................................................. 1-800-348-4058
- Health Choice Arizona ..................................................................................... 1-800-322-8670
- American Indian Health Program ................................................................. 928-792-2900

If your zip code is 86434, you must choose from among the plans listed under Yavapai County.

NAVAJO COUNTY

- UnitedHealthcare Community Plan ................................................................. 1-800-348-4058
- Health Choice Arizona ..................................................................................... 1-800-322-8670
- American Indian Health Program ................................................................. 928-338-4911

PIMA COUNTY

- UnitedHealthcare Community Plan ................................................................. 1-800-348-4058
- Health Choice Arizona ..................................................................................... 1-800-322-8670
- Care 1 Arizona ............................................................................................... 1-866-560-4042
- University Family Care .................................................................................. 1-800-582-8686
- Mercy Care Plan ............................................................................................. 1-800-624-3879
- American Indian Health Program ................................................................. 520-295-2479

If your zip code is 85645, you must choose from among the health plans listed under Santa Cruz County.

PINAL COUNTY

- Health Choice Arizona ..................................................................................... 1-800-322-8670
- University Family Care .................................................................................. 1-800-582-8686
- American Indian Health Program ................................................................. 520-562-3321

If your zip code is 85242 or 85220, you must choose from among the health plans listed under Maricopa County. If your zip code is 85292 you must choose from among the health plans listed under Gila County.

SANTA CRUZ COUNTY

- University Family Care .................................................................................. 1-800-582-8686
- UnitedHealthcare Community Plan ................................................................. 1-800-348-4058
- American Indian Health Service ................................................................. 520-295-2479

YAVAPAI COUNTY

- UnitedHealthcare Community Plan ................................................................. 1-800-348-4058
- University Family Care .................................................................................. 1-800-582-8686
- American Indian Health Program ................................................................. 602-263-1200

If your zip code is 86342, 85358 or 85390, you must choose from among the health plans listed under Yavapai County. If your zip code is 86351 you must choose from among the health plans listed under Cochino County.

YUMA COUNTY

- UnitedHealthcare Community Plan ................................................................. 1-800-348-4058
- University Family Care .................................................................................. 1-800-582-8686
- American Indian Health Program ................................................................. 760-572-4100

IMPORTANT
When you have chosen a health plan you can either:

- Give your choice to your eligibility specialist, OR
- Call AHCCCS to pre-enroll. From area codes 480, 602 or 623 call (602) 417-7100 or from area codes 520 or 928 call 1-800-334-5283.

When you call to pre-enroll, you will need to give the following information:
- Name
- Sex (male or female)
- Date of birth, and
- Social Security Number of all the individuals for whom you applied.

If you have any questions about enrolling with an AHCCCS health plan, need an interpreter, or if you are visually or hearing impaired and need special accommodations to choose a health plan or to understand the information, from area codes 480, 602 or 623 call (602) 417-7100 or TDD (602) 417-4191 or from area codes 520 or 928 call toll free at 1-800-334-5283 or TDD 1-800-826-5140.

AH-800 (Rev 07/13)
<table>
<thead>
<tr>
<th>Where to Apply</th>
<th>Eligibility Criteria</th>
<th>General Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Children Under Age 1</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><a href="http://www.healtharizonaplus.gov">www.healtharizonaplus.gov</a> or DES/Family Assistance Office Call 1-855-HEA-PLUS for the nearest office</td>
<td>Household Monthly Income by Household Size (After Deductions)¹</td>
<td>Resource Limits (Equity)</td>
</tr>
<tr>
<td></td>
<td>1 147% FPL</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>1 $1,430</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2 $1,927</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3 $2,425</td>
<td></td>
</tr>
<tr>
<td></td>
<td>4 $2,922</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Add $497 per Add'l person</td>
<td></td>
</tr>
<tr>
<td><strong>Children Ages 1 – 5</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><a href="http://www.healtharizonaplus.gov">www.healtharizonaplus.gov</a> or DES/Family Assistance Office Call 1-855-HEA-PLUS for the nearest office</td>
<td>141% FPL</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>1 $1,372</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2 $1,849</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3 $2,326</td>
<td></td>
</tr>
<tr>
<td></td>
<td>4 $2,803</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Add $477 per Add'l person</td>
<td></td>
</tr>
<tr>
<td><strong>Children Ages 6 – 19</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><a href="http://www.healtharizonaplus.gov">www.healtharizonaplus.gov</a> or DES/Family Assistance Office Call 1-855-HEA-PLUS for the nearest office</td>
<td>133% FPL</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>1 $1,294</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2 $1,744</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3 $2,194</td>
<td></td>
</tr>
<tr>
<td></td>
<td>4 $2,644</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Add $450 per Add'l person</td>
<td></td>
</tr>
<tr>
<td><strong>KidsCare Children Under Age 19</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The KidsCare program is currently frozen. No new applications are being accepted.</td>
<td>200% FPL</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>1 $1,945</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2 $2,622</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3 $3,299</td>
<td></td>
</tr>
<tr>
<td></td>
<td>4 $3,975</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Add $677 per Add'l person</td>
<td></td>
</tr>
</tbody>
</table>

**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 Services² |
| | 1 $1,031 | | | | |
| | 2 $1,390 | | | | |
| | 3 $1,749 | | | | |
| | 4 $2,107 | | | | |
| | Add $359 per Add'l person | | | | |

| Adults | | |
| www.healtharizonaplus.gov or DES/Family Assistance Office Call 1-855-HEA-PLUS for the nearest office | 133% FPL | N/A | Required | | AHCCCS Medical Services² |
| | 1 $1,294 | | | | |
| | 2 $1,770 | | | | |
| | 3 $2,244 | | | | |
| | 4 $2,718 | | | | |
| | Add $450 per Add'l person | | | | |

**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 Services² |
| | 1 $1,518 | | | | |
| | 2 $2,045 | | | | |
| | 3 $2,573 | | | | |
| | 4 $3,101 | | | | |
| | Add $528 per Add'l person (Limit increases for each expected child) | | | | |

| Breast & Cervical Cancer Treatment Program | | |
| Well Women Healthcheck Program Call 1-888-257-8502 for the nearest office | N/A | N/A | Required | | AHCCCS Medical Services² |
| | | | | | |

¹ Income limits for age include: 18 months for ages 3-14; 24 months for ages 15-19; 12 months for ages 6-17; 3 months for under 6. Two years for ages 18-21. Money from expected child is counted from 3 months before birth to 6 months after birth.

AHCCCS Medical Services²

- AHCCCS Medical Services²
- 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

- 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

- Under age 65
- Screened and diagnosed with breast cancer, cervical cancer, or a pre-cancerous cervical lesion by the Well Woman Healthcheck Program
- Ineligible for any other Medicaid coverage
# AHCCCS Eligibility Requirements

**April 1, 2014**

<table>
<thead>
<tr>
<th>Application</th>
<th>Eligibility Criteria</th>
<th>General Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Where to Apply</strong></td>
<td>Household Monthly Income by Household Size (After Deductions)</td>
<td><strong>Eligibility Criteria</strong></td>
</tr>
<tr>
<td>Long Term Care</td>
<td>ALTCS Office&lt;br&gt;Call 602-417-7000 or 1-800-654-8713 for the nearest office</td>
<td>• Requires nursing home level of care or equivalent&lt;br&gt;• May be required to pay a share of cost&lt;br&gt;• Estate recovery program for the cost of services received after age 55&lt;br&gt;AHCCCS Medical Services, Nursing Facility, Home &amp; Community Based Services, and Hospice</td>
</tr>
<tr>
<td>SSI CASH</td>
<td>Social Security Administration</td>
<td>• Age 65 or older, blind, or disabled&lt;br&gt;AHCCCS Medical Services</td>
</tr>
<tr>
<td>SSI MAO</td>
<td><a href="http://www.healthearizonaplus.gov">www.healthearizonaplus.gov</a> or mail an application to&lt;br&gt;SSI MAO&lt;br&gt;801 E Jefferson MD 3800&lt;br&gt;Phoenix, Arizona 85034</td>
<td>• Age 65 or older, blind, or disabled&lt;br&gt;AHCCCS Medical Services</td>
</tr>
<tr>
<td>Freedom to Work</td>
<td><a href="http://www.healthearizonaplus.gov">www.healthearizonaplus.gov</a> or mail an application to&lt;br&gt;Freedom to Work&lt;br&gt;801 E Jefferson MD 7004&lt;br&gt;Phoenix, Arizona 85034&lt;br&gt;602-417-6677 1-800-654-8713 Option 6</td>
<td>• Must be working and either disabled or blind&lt;br&gt;• Must be age 16 through 64&lt;br&gt;• Premium may be $0 to $35 monthly&lt;br&gt;• Need for Nursing home level of care or equivalent is required for Long Term Care (Nursing Facility, Home &amp; Community Based Services, or Hospice)&lt;br&gt;AHCCCS Medical Services, Nursing Facility, Home &amp; Community Based Services, and Hospice</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Application</th>
<th>Eligibility Criteria</th>
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</tr>
</thead>
<tbody>
<tr>
<td>QMB</td>
<td><a href="http://www.healthearizonaplus.gov">www.healthearizonaplus.gov</a> or mail an application to&lt;br&gt;QMB&lt;br&gt;801 E Jefferson MD 3800&lt;br&gt;Phoenix, Arizona 85034</td>
<td>100% FPL&lt;br&gt;$973 Individual&lt;br&gt;$1,311 Couple&lt;br&gt;• Entitled to Medicare Part A&lt;br&gt;Payment of Part A &amp; B premiums, coinsurance, and deductibles</td>
</tr>
<tr>
<td>SLMB</td>
<td><a href="http://www.healthearizonaplus.gov">www.healthearizonaplus.gov</a> or mail an application to&lt;br&gt;SLMB&lt;br&gt;801 E Jefferson MD 3800&lt;br&gt;Phoenix, Arizona 85034</td>
<td>120% FPL&lt;br&gt;$973.01 – $1,167 Individual&lt;br&gt;$1,311.01 – $1,573 Couple&lt;br&gt;• Entitled to Medicare Part A&lt;br&gt;Payment of Part B premium</td>
</tr>
<tr>
<td>QI-1</td>
<td><a href="http://www.healthearizonaplus.gov">www.healthearizonaplus.gov</a> or mail an application to&lt;br&gt;QI-1&lt;br&gt;801 E Jefferson MD 3800&lt;br&gt;Phoenix, Arizona 85034</td>
<td>135% FPL&lt;br&gt;$1,167.01 – $1,313 Individual&lt;br&gt;$1,573.01 – $1,770 Couple&lt;br&gt;• Entitled to Medicare Part A&lt;br&gt;• Not receiving Medicaid benefits&lt;br&gt;Payment of Part B premium</td>
</tr>
</tbody>
</table>

Applicants for the above programs must be Arizona residents and either U.S. citizens or qualified immigrants and must provide documentation of identity and U.S. Citizenship or immigrant status. Applicants for the Children, Caretaker Relative, Pregnant Women, Adult, SSI-MAO, and Long Term Care programs 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 $23,448 and $117,240 of the couple’s resources may be disregarded.
Health-e-Arizona

Documentation Needed to Complete Your Health-e-Arizona Application

If you are applying for the first time, or reapplying the items listed below may be needed to determine your eligibility. Please bring all current information to your interview; this will help to speed up the eligibility process. Keep your appointment, even if you do not have all the documents on this list.

☐ Social Security Cards: Social Security Numbers for everyone, or proof of application for an SSN

☐ Identification (for everyone)
  - Drivers License
  - Photo ID issued by federal state or local government
  - Tribal ID
  - School ID with picture

☐ Citizenship (for everyone)
  - U.S. Birth Certificate or Certified copy
  - U.S. Naturalization Certificate
  - U.S. Passport
  - Official Military Record of service showing U.S. place of birth (e.g., DD-214)

☐ Residency/Residential Address: A statement from a non-relative, not living with you, verifying your address and the names of everyone living with you. The statement must be signed, dated and include their address and telephone number. Current utility bill with applicant name and address.

☐ Income: All money your household received from any source last month and this month.

☐ Terminated Income: Terminated employment and date last paid from last month and the most recent month.

☐ Pregnancy: Proof of pregnancy with estimated date of delivery

☐ Childcare: Expense billed for childcare for the most recent month or incapacitated adult.

☐ Medical Expense
  - Medical expenses for the last month and this month, if you are applying for AHCCCS health insurance.
  - Medical expenses for those who are age 60 or older or receive disability benefits if applying for Food Stamps.

☐ Other Medical Insurance: Insurance cards for any other medical insurance other than AHCCCS

If applying for Food Stamps or TANF additional documentation (listed below) is required. The additional documentation is not a requirement for medical benefits.

☐ Vehicles: Registration/title for all vehicles

☐ Bank Accounts: Credit Union or Bank (savings or checking) complete statement for the most recent month.

☐ Other Assets
  - Savings bonds/securities
  - Retirement plans/life insurance

☐ Rent/Mortgage (for most recent month)
  - Rental/lease agreement
  - Mortgage statement/coupon book
  - Rent receipt

☐ Utility Expenses (for most recent month)
  - Electric bill
  - Water bill
  - Gas bill

If you need help in obtaining any verification, or you have any other questions, contact your Health-e-Arizona Application Assistor.