

## What services does AHCCCS Health Insurance cover?

Covered Medical Services		
<ul style="list-style-type: none"> <li>Doctor's Visits*</li> <li>Specialist Care</li> <li>Hospital Services</li> <li>Emergency Care</li> <li>Pregnancy Care</li> <li>Surgery**</li> </ul>	<ul style="list-style-type: none"> <li>Immunizations (shots)</li> <li>Family Planning</li> <li>Lab and X-rays</li> <li>Prescriptions</li> <li>Dialysis</li> <li>Annual Well Women Exams</li> </ul>	<ul style="list-style-type: none"> <li>Transportation to Doctor**</li> <li>Glasses**</li> <li>Vision Exams**</li> <li>Dental Services**</li> <li>Hearing Exams**</li> <li>Hearing Aids**</li> <li>Behavioral Health</li> </ul>
<p>*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.</p>		

## What does AHCCCS Health Insurance cost you?

### Premiums

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:

- \$10 - \$70 per household for all children.
- \$10 - \$35 per person for employed people with disabilities.

### 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.

### Co-payments (cont.)

The following persons are never asked to pay co-payments:

- Children under age 19
- People determined to be Seriously Mentally Ill (SMI) by the Arizona Department of Health Services
- Individuals up through age 20 eligible to receive services from the Children's Rehabilitative Services (CRS) program
- People who are acute care members and who are residing in nursing homes, or residential facilities such as an Assisted Living Home and only when the acute care member's medical condition would otherwise require hospitalization. The exemption from copayments for acute care members is limited to 90 days per contract year.
- People who receive hospice care
- People who are enrolled in the Arizona Long Term Care System
- People who are eligible for Medicare Savings Programs only. Copayments referenced in this section means copayments charged under Medicaid (AHCCCS). It does not mean a person is exempt from Medicare copayments.
- American Indian members who are active or previous users of the Indian Health Service, tribal health programs operated under P.L. 93-638, or urban Indian health programs

In addition, co-payments are never charged for the following services for anyone:

- Hospitalizations
- Emergency services
- Family Planning services and supplies
- Pregnancy related health care including tobacco cessation treatment for pregnant women
- Services paid for on a fee for service basis

## 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-MEDICARE (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.....	928-729-8000

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

**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 86336 or 86340, you must choose from among the health plans listed under Yavapai 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 85643, 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 <sup>st</sup> 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.....	928-769-2900

*If your zip code is 86434, you must choose from the health 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 <sup>st</sup> 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 85342, 85358 or 85390, you must choose from among the health plans listed under Maricopa County. If your zip code is 86351 you must choose from among the health plans listed under Coconino 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.



## AHCCCS ELIGIBILITY REQUIREMENTS April 1, 2014

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 or DES/Family Assistance Office Call 1-855-HEA-PLUS for the nearest office	147% FPL 1        \$1,430 2        \$1,927 3        \$2,425 4        \$2,922 ..... Add \$497 per Add'l person	N/A	Required	N/A	AHCCCS Medical Services <sup>2</sup>
<b>Children Ages 1 – 5</b>	www.healtharizonaplus.gov or DES/Family Assistance Office Call 1-855-HEA-PLUS for the nearest office	141% FPL 1        \$1,372 2        \$1,849 3        \$2,326 4        \$2,803 ..... Add \$477 per Add'l person	N/A	Required	N/A	AHCCCS Medical Services <sup>2</sup>
<b>Children Ages 6 – 19</b>	www.healtharizonaplus.gov or DES/Family Assistance Office Call 1-855-HEA-PLUS for the nearest office	133% FPL 1        \$1,294 2        \$1,744 3        \$2,194 4        \$2,644 ..... Add \$450 per Add'l person	N/A	Required	N/A	AHCCCS Medical Services <sup>2</sup>
<b>KidsCare Children Under Age 19</b>	The KidsCare program is currently frozen. No new applications are being accepted.	200% FPL 1        \$1,945 2        \$2,622 3        \$3,299 4        \$3,975 ..... Add \$677 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 or DES/Family Assistance Office Call 1-855-HEA-PLUS for the nearest office	106% FPL 1        \$1,031 2        \$1,390 3        \$1,749 4        \$2,107 ..... Add \$359 per Add'l person	N/A	Required		AHCCCS Medical Services <sup>2</sup>
<b>Adults</b>	www.healtharizonaplus.gov or DES/Family Assistance Office Call 1-855-HEA-PLUS for the nearest office	133% FPL 1        \$1,294 2        \$1,770 3        \$2,194 4        \$2,644 ..... Add \$450 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 or DES/Family Assistance Office Call 1-855-HEA-PLUS for the nearest office	156% FPL 1        \$1,518 2        \$2,045 3        \$2,573 4        \$3,101 ..... Add \$528 per Add'l person (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 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 Healthcheck Program</li> <li>▪ Ineligible for any other Medicaid coverage</li> </ul>	AHCCCS Medical Services <sup>2</sup>



## AHCCCS ELIGIBILITY REQUIREMENTS April 1, 2014

Application	Eligibility Criteria				General Information
Where to Apply	Household Monthly Income by Household Size (After Deductions) <sup>1</sup>	Resource Limits (Equity)	Social Security Number	Special Requirements	Benefits

### Coverage for Elderly or Disabled People

<b>Long Term Care</b>	ALTCS Office Call 602-417-7000 or 1-800-654-8713 for the nearest office	300% FBR \$ 2,163 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> , Nursing Facility, Home & Community Based Services, and Hospice
<b>SSI CASH</b>	Social Security Administration	100% FBR \$ 721 Individual \$1,082 Couple	\$2,000 Individual \$3,000 Couple	Required	<ul style="list-style-type: none"> <li>▪ Age 65 or older, blind, or disabled</li> </ul>	AHCCCS Medical Services <sup>2</sup>
<b>SSI MAO</b>	www.healtharizonaplus.gov or mail an application to SSI MAO 801 E Jefferson MD 3800 Phoenix, Arizona 85034	100% FPL \$ 973 Individual \$1,311 Couple	N/A	Required	<ul style="list-style-type: none"> <li>▪ Age 65 or older, blind, or disabled</li> </ul>	AHCCCS Medical Services <sup>2</sup>
<b>Freedom to Work</b>	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 \$2,432 Individual Only Earned Income is Counted	N/A	Required	<ul style="list-style-type: none"> <li>▪ Must be working and either disabled or blind</li> <li>▪ Must be age 16 through 64</li> <li>▪ Premium may be \$0 to \$35 monthly</li> </ul> + 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 <sup>2</sup>  Nursing Facility, Home & Community Based Services, and Hospice

### Coverage for Medicare Beneficiaries

<b>QMB</b>	www.healtharizonaplus.gov or mail an application to SSI MAO 801 E Jefferson MD 3800 Phoenix, Arizona 85034	100% FPL \$ 973 Individual \$1,311 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 801 E Jefferson MD 3800 Phoenix, Arizona 85034	120% FPL \$ 973.01 – \$1,167 Individual \$1,311.01 – \$1,573 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 801 E Jefferson MD 3800 Phoenix, Arizona 85034	135% FPL \$1,167.01 – \$1,313 Individual \$1,573.01 – \$1,770 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 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.