# AHCCCS ELIGIBILITY REQUIREMENTS  
February 1, 2015

<table>
<thead>
<tr>
<th>Where to Apply</th>
<th>Eligibility Criteria</th>
<th>General Information</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Household Monthly Income by Household Size (After Deductions)&lt;sup&gt;1&lt;/sup&gt;</td>
<td>Resource Limits (Equity)</td>
</tr>
</tbody>
</table>

### Coverage for Children

**Children Under Age 1**
- **Website:** www.healthearizonaplus.gov or DES/Family Assistance Office Call 1-855-HEA-PLUS for the nearest office
- **FPL:** 147% FPL
- **Income Limits:**
  - 1: $1,442
  - 2: $1,952
  - 3: $2,462
  - 4: $2,971
- **Additions:** $510 per additional person
- **Eligibility:**
  - N/A Required
- **Benefits:** AHCCCS Medical Services<sup>2</sup>

**Children Ages 1 – 5**
- **Website:** www.healthearizonaplus.gov or DES/Family Assistance Office Call 1-855-HEA-PLUS for the nearest office
- **FPL:** 141% FPL
- **Income Limits:**
  - 1: $1,383
  - 2: $1,872
  - 3: $2,361
  - 4: $2,850
- **Additions:** $489 per additional person
- **Eligibility:**
  - N/A Required
- **Benefits:** AHCCCS Medical Services<sup>2</sup>

**Children Ages 6 – 19**
- **Website:** www.healthearizonaplus.gov or DES/Family Assistance Office Call 1-855-HEA-PLUS for the nearest office
- **FPL:** 133% FPL
- **Income Limits:**
  - 1: $1,305
  - 2: $1,766
  - 3: $2,227
  - 4: $2,688
- **Additions:** $461 per additional person
- **Eligibility:**
  - N/A Required
- **Benefits:** AHCCCS Medical Services<sup>2</sup>

**KidsCare Children Under Age 19**
- **Website:** www.healthearizonaplus.gov or DES/Family Assistance Office Call 1-855-HEA-PLUS for the nearest office
- **FPL:** 200% FPL
- **Income Limits:**
  - 1: $1,962
  - 2: $2,655
  - 3: $3,349
  - 4: $4,042
- **Additions:** $693 per additional person
- **Eligibility:**
  - N/A Required
- **Benefits:** AHCCCS Medical Services<sup>2</sup>

### Coverage for Individuals

**Parent & Caretaker Relatives**
- **Website:** www.healthearizonaplus.gov or DES/Family Assistance Office Call 1-855-HEA-PLUS for the nearest office
- **FPL:** 106% FPL
- **Income Limits:**
  - 1: $1,040
  - 2: $1,408
  - 3: $1,775
  - 4: $2,143
- **Additions:** $367 per additional person
- **Eligibility:**
  - N/A Required
- **Benefits:** AHCCCS Medical Services<sup>2</sup>

**Adults**
- **Website:** www.healthearizonaplus.gov or DES/Family Assistance Office Call 1-855-HEA-PLUS for the nearest office
- **FPL:** 133% FPL
- **Income Limits:**
  - 1: $1,305
  - 2: $1,766
  - 3: $2,227
  - 4: $2,688
- **Additions:** $461 per additional person
- **Eligibility:**
  - N/A Required
- **Benefits:** AHCCCS Medical Services<sup>2</sup>

### Coverage for Women

**Pregnant Women**
- **Website:** www.healthearizonaplus.gov or DES/Family Assistance Office Call 1-855-HEA-PLUS for the nearest office
- **FPL:** 156% FPL
- **Income Limits:**
  - 1: $1,531
  - 2: $2,071
  - 3: $2,612
  - 4: $3,153
- **Additions:** $541 per additional person (limit increases for each expected child)
- **Eligibility:**
  - N/A Required
- **Benefits:** AHCCCS Medical Services<sup>2</sup>

**Breast & Cervical Cancer Treatment Program**
- **Website:** Well Women Healthcheck Program Call 1-888-257-8502 for the nearest office
- **Eligibility:**
  - N/A Required
- **Benefits:** AHCCCS Medical Services<sup>2</sup>

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<sup>1</sup> ASU_1600_001: Table: Household Monthly Income by Household Size (After Deductions)<br>
<sup>2</sup> ASU_1600_001: Table: Benefits
# AHCCCS Eligibility Requirements February 1, 2015

<table>
<thead>
<tr>
<th>Application</th>
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<tbody>
<tr>
<td><strong>Where to Apply</strong></td>
<td>Household Monthly Income by Household Size (After Deductions)¹</td>
<td>Benefits</td>
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<tr>
<td><strong>Resource Limits (Equity)</strong></td>
<td>Social Security Number Special Requirements</td>
<td></td>
</tr>
</tbody>
</table>

## Coverage for Elderly or Disabled People

<table>
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<tr>
<th>Program</th>
<th>Eligibility Criteria</th>
<th>Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Long Term Care</strong></td>
<td>• Requires nursing home level of care or equivalent</td>
<td>AHCCCS Medical Services², Nursing Facility, Home &amp; Community Based Services, and Hospice</td>
</tr>
<tr>
<td>SSI CASH</td>
<td>• Age 65 or older, blind, or disabled</td>
<td>AHCCCS Medical Services²</td>
</tr>
<tr>
<td>SSI MAO</td>
<td>• Must be working and either disabled or blind</td>
<td>AHCCCS Medical Services²</td>
</tr>
<tr>
<td>Freedom to Work</td>
<td>+ Need for Nursing home level of care or equivalent is required for Long Term Care (Nursing Facility, Home &amp; Community Based Services, or Hospice)</td>
<td>Nursing Facility, Home &amp; Community Based Services, and Hospice</td>
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## Coverage for Medicare Beneficiaries

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<tbody>
<tr>
<td>QMB</td>
<td>• Entitled to Medicare Part A</td>
<td>Payment of Part A &amp; B premiums, coinsurance, and deductibles</td>
</tr>
<tr>
<td>SLMB</td>
<td>• Entitled to Medicare Part A</td>
<td>Payment of Part B premium</td>
</tr>
<tr>
<td>QI-1</td>
<td>• Entitled to Medicare Part A</td>
<td>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 $23,844 and $119,220 of the couple’s resources may be disregarded.