State Resources for Seniors in Arizona

Many seniors face high costs for their medical care and prescription drug coverage, and finding the funds to pay for these health care expenses can be stressful. We created this guide covering all of the available health insurance and prescription drug coverage programs in your state so you can take care of your health without worrying about the cost. Included in the guide are the benefits details, eligibility requirements, and application processes for available health insurance and prescription drug coverage programs for seniors in your state.
Health Insurance & Prescription Drug Coverage for Seniors

The average senior spends approximately $6,000 on out-of-pocket medical costs every year. If you need help paying for your premiums, copays and prescription medications, you may qualify for Medicaid.

Arizona Health Care Cost Containment System

AHCCCS is a comprehensive resource for low-income individuals and families who are struggling to pay for medical care. This program covers primary and specialty care, hospital stays, diagnostics, imaging and prescription drugs, etc. Other medically necessary services, such as long-term care, may be available depending on your needs.

How to Apply

To see if you’re eligible for regular Medicaid, complete a benefits application at Healthcare.gov or Health-e-Arizona Plus. The state provides downloadable applications, but you’ll need to complete the correct form based on your age and health. For example, if you’re 65 or older, you’ll need to apply for Medicaid through the Arizona Long Term Care System. The nearest Arizona Long Term Care office can provide more information. For help with your application, call the Department of Economic Security at (855) 432-7587, or visit your local Family Assistance Administration office.

Eligibility

Eligibility for regular Medicaid is based on your monthly income and household size. Adults who earn no more than 133% of the Federal Poverty Level qualify for full medical coverage. There are no asset limits for regular Medicaid in Arizona. The $2,000 resource limit only applies to individuals who require long-term care. However, the ALTCS program has a higher income limit that’s equal to 300% of the Federal Benefit Rate. Financial limits are adjusted periodically and are current as of February 2022. In addition to meeting the following income limits, applicants must:

• Live in Arizona.
• Be a U.S. citizen or legal alien.
• Have a need for health insurance.
<table>
<thead>
<tr>
<th>Family Size</th>
<th>Monthly Income Limit*</th>
</tr>
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<tbody>
<tr>
<td>1</td>
<td>$1,507</td>
</tr>
<tr>
<td>2</td>
<td>$2,030</td>
</tr>
<tr>
<td>3</td>
<td>$2,553</td>
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<tr>
<td>4</td>
<td>$3,076</td>
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<tr>
<td>5</td>
<td>$3,599</td>
</tr>
</tbody>
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*For larger household sizes, add $524 for each additional family member.

**Medicare**

Original Medicare consists of Part A, which covers services provided on an inpatient basis, and Part B, which covers outpatient services. For example, Part A covers nursing care provided during a hospital stay, while Part B covers things like doctor visits and durable medical equipment.

**How to Apply**

To apply for Medicare online, visit the Social Security Administration website and fill out the form. You can also apply by telephone or in person. Call (800) 772-1213 to speak with a representative or use the online locator to find a Social Security office near you.

**Eligibility**

To receive Medicare benefits, you must be at least 65 years old or have a qualifying disability or end-stage renal disease. Everyone pays a premium for Part B, but you may qualify for premium-free Part A coverage if you or your spouse worked and paid Medicare taxes for at least 10 years.

**Medicare Advantage**

Original Medicare is managed by the federal government, but Medicare Advantage Plans are sold by private insurance companies. Each plan must offer at least the same amount of coverage as Original Medicare, but many insurers offer extra benefits to make their plans more attractive to consumers.
How to Apply
Use the Find a Medicare Plan tool on Medicare.gov to compare Medicare Advantage Plans in your state. When you’re ready to enroll, call (800) 633-4227 or contact the plan provider directly.

Eligibility
If you’re eligible for Original Medicare, you are likely eligible for Medicare Advantage; however, confirm eligibility requirements with the plan provider.

Medicare Part D
Original Medicare doesn’t cover most prescription drugs, so you may want to enroll in Medicare Part D, a supplemental plan that pays for a wide range of medications. Each plan has a formulary that explains how much coverage is provided for each type of drug. Most Medicare Advantage Plans include prescription drug coverage, and you can’t enroll in Medicare Part D if you have a Medicare Advantage Plan that pays for prescription medications.

How to Apply
Use the Find a Medicare Plan tool on Medicare.gov to find a plan that meets your needs. When you’re ready to enroll, contact the plan directly for instructions on applying for coverage.

Eligibility
To qualify for Medicare Part D, you must be enrolled in Medicare Part A and Medicare Part B (Original Medicare) or one of the few Medicare Advantage Plans that doesn’t cover prescription drugs.

Medicare Savings Programs
Medicare is a necessary resource for seniors who have average or advanced medical needs, but there are still out-of-pocket costs. If you struggle to pay for your prescription drugs or if your monthly premiums take a significant part of your Social Security check, you may qualify for one of the state’s Medicare Savings Programs below.

- **Qualified Medicare Beneficiary:** This MSP helps pay for Medicare Part A/Part B premiums, Part A/Part B deductibles and Part A/Part B coinsurance.
- **Specified Low-Income Medicare Beneficiary:** The SLMB program helps pay Medicare Part B premiums.
• **Qualified Individual:** The QI program also helps participants pay their Medicare Part B premiums, but it has higher income limits than the QMB and SLMB programs.

• **Qualified Disabled Working Individual:** This MSP pays Medicare Part A premiums for participants who lost their Medicare and Social Security disability benefits because they returned to work and earned more than the allowable limit.

If you have a low to moderate income, you can apply for Extra Help through the Social Security Administration. For help with your premiums and copays, complete the Application for AHCCCS Medical Assistance and Medicare Savings Programs through the Arizona Health Cost Containment System.

**Eligibility**

To qualify for a Medicare Savings Program, you must have limited income and assets. Limits set by the federal government are shown in the table below. You must also be:

• An Arizona resident.
• A U.S. citizen or equivalent.
• Eligible for Medicare Parts A and B.

<table>
<thead>
<tr>
<th>Program</th>
<th>Single Income Limits</th>
<th>Married Income Limits</th>
<th>Single Asset Limits</th>
<th>Married Asset Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Qualified Medicare Beneficiary</td>
<td>Up to $1,133</td>
<td>Up to $1,526</td>
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<td>Specified Low-Income Medicare Beneficiary</td>
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<td>$1,526.01- $1,831</td>
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<td>Qualified Individual</td>
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<td>$1,831.01- $2,060</td>
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<td>Qualified Disabled and Working Individuals</td>
<td>Up to $4,249</td>
<td>Up to $5,722</td>
<td>$4,000</td>
<td>$6,000</td>
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