

**B E N E F I T S C H A R T (Effective January 1, 2008)**

<b>TANF</b> Temporary Assistance to Needy Families <i>Apply at local DES Cash Assistance Office.</i>			<b>GA (Limited Enrollment)</b> General Assistance <i>Apply at local DES Cash Assistance Office.</i>			<b>FOOD STAMPS</b> <i>Apply at local DES Family Assistance Office/call USDA 1-800-221-5689.</i>				<b>SSI</b> Supplemental Security Income <i>Apply at Social Security: 1-800-772-1213.</i>				<b>FEDERAL POVERTY LEVEL (FPL)</b> <b>100%</b> <small>(Updated annually in February or March.) (Basis for eligibility for many programs.)</small>				
Cash Assistance Formerly AFDC.			Disabled, unable to work for 12 months or caregiver of disabled person. Benefit limited to 12 months in 3 years.			Gross Monthly Income Per Budgetary Unit* (Rates change on October 1.)		Maximum Benefit If No Income	Resources Allowed	FIRST \$20 OF INCOME IS DISREGARDED.				1/24/2006 Prior Year		Published 1/24/07 Federal Register.		
Household Size	Monthly Benefit	Resources Allowed	Household Size	Monthly Benefit	Resources Allowed	With NO Elder or Disabled (130% FPL)	With Disabled Elder 60+* (165% FPL)			Household Status	SSI Only	SSI with Other Income*	Resources Allowed**	Monthly Level	Household Size	Annual Level	Monthly Level	
1	\$ 204	\$2,000 + House + Vehicles*	1	\$ 173	\$1,000*	1	\$ 1,107	\$ 1,404	\$ 162	House & Lot. All vehicles are exempt, including recreational vehicles	Disabled, blind, or age 65 or older	Maximum benefit with fair market shelter obligation: (SSI rates change on January 1.)	\$ 817	1	\$ 10,210	\$ 851		
2	\$ 275		2	\$ 233	\$1,400*	2	\$ 1,484	\$ 1,883	\$ 298		\$ 1,100		2	\$ 13,690	\$ 1,141			
3	\$ 347		Without shelter obligations: + House**			3	\$ 1,861	\$ 2,361	\$ 426		\$ 1,384		3	\$ 17,170	\$ 1,431			
4	\$ 418		4	\$ 2,238	\$ 2,840	\$ 542	4	\$ 2,238	\$ 2,840		\$ 542		\$ 1,667	4	\$ 20,650	\$ 1,721		
5	\$ 489		5	\$ 2,615	\$ 3,318	\$ 643	5	\$ 2,615	\$ 3,318		\$ 643		\$ 1,950	5	\$ 24,130	\$ 2,011		
Without shelter obligations:			GA cases limited to 2 participants			* All who live & prepare meals together are a budgetary unit. If an elder is unable, due to permanent disability, to buy & prepare food separately, the elder & spouse may be a separate budgetary unit, if those they live with are below 165% FPL. Most budgetary units must meet both the gross & net monthly income tests. Budgetary units w/elders only have to meet net income (100% FPL) after deductions. If all participants in household receive SSI, the household is categorically eligible.									<b>DISCOUNTS &amp; TAX BREAKS</b> <b>Property Tax:</b> (Apply Jan. 1 - March 1) Widows of Ariz. residents & disabled with incomes below \$27,434 w/o SSA; <b>Property Valuation Freeze:</b> (Apply by Sept. 1 on DOR 82104 form) Owners aged 65 + income <\$30,576S/\$38,3220M. <b>Apply at County Assessor.</b> <b>Vehicle Registration:</b> Discounts for widows, disabled & SSI. <b>Property Tax Refund:</b> Renter/owners ≥65 with income<\$3,751 Single or \$5,501 Married or SSI. Use 140PTC form at tax time. Refund up to \$502 + \$25 personal allowance.			
1	\$ 128	* Vehicle equity over \$1,500 is countable.			* More deductions may be allowed for earned income or dependent child allocations. ** Also allowed: house, car, \$1,500 burial funds and life insurance with face value of up to \$1,500.													
2	\$ 173	**Home value over \$50,000 is countable. <b>May be placed on waiting list.</b>																
There are many earned income disregards. * All vehicles exempt, including recreational vehicles.			<b>AHCCCS for Families &amp; Children</b> (New FPL Rates Effective April 1.) <i>Apply at DES Cash Assistance Office</i>			<b>ALTCs</b> Arizona Long Term Care System <i>Apply S.V. (520) 459-7050 or Miami (928) 425-3165.</i> <b>Referral Line: 1-800-654-8713</b>				<b>MEDICARE SAVINGS PROGRAMS (MSP)</b> Qualified Medicare Beneficiary, Specified Low-Income Beneficiary Qual. Individuals 1 (First \$20 of income disregarded, & other income deductions same as for SSI MAO. <i>Apply ALTCs Office or 1-800-528-0142.</i>				<b>MEDICARE RATES 2008</b> <i>Updated Every Calendar Year</i>				
<b>AHCCCS</b> (Partly Funded by Medicaid/Title XIX) <i>Apply at DES Cash Assistance Office or AHCCCS</i>			Families with Children 100% FPL			Eligibility based on 300% of SSI. (ALTCs rates change effective January 1.) <i>Use special income trust if income is too high to qualify.</i>				1-800-528-0142				Part B Monthly Premium (If income/yr. <\$82,000/\$164,000 S/C) \$96.40				
SSI Recipients are Automatically Eligible			Pregnant Woman 150% FPL			Marital Status				Eligibility				Part B Deductible \$135.00				
AHCCCS uses 100% FPL for most programs, including families w/children, adults & SSI MAO.			Child 0 -1 yr. old 140% FPL			Individual \$ 1,911 \$2,000 plus Car, house, & limited burial/life ins.				100 % FPL				Part A Deductible (Hospital Stay 1-60 Days) \$1,024.00				
(New 100% FPL Rates Effective April 1.)			Child 1 -5 yrs. old 133% FPL			If married* \$ 3,822 Other resources of up to \$104,400 for spouse if s/he not in a medical facility.				Disabled, Blind, or 65 or older.				Part A Deductible/Day (Hospital Stay 1-60 Days) \$256.00				
Household Size	Monthly Income	Resources Allowed	Child 6-19 yrs. old 100% FPL			Marital Status				Not receiving SSI				Part A Deductible/Day (Hospital 91-150 Days) \$512.00				
1	\$ 851	No Resource Test	Parents living w/Elig. Children 200% FPL			Resources Allowed				First \$20 of Income is				Part A Deductible/Day (Hospital 151-180 Days) \$0.00				
2	\$ 1,141		(Small Premium)			Individual				Disregarded				Part A Deductible/Day (Hospital 181-210 Days) \$128.00				
3	\$ 1,431		<b>AHCCCS KIDS CARE</b> Health insurance for children under 19.			If married* \$ 3,822				Allows				<b>PART D - VOLUNTARY MEDICARE DRUG BENEFIT (1/1/08)</b> <i>Annual enrollment for calendar year 2008 is Nov. 15 - Dec. 31.</i>				
4	\$ 1,721		<b>To apply call toll-free: 1-877-764-5437. for area codes 520 &amp; 928. For the rest of the state to apply call: 602-417-5437.</b>			*After eligibility, income may be diverted to community spouse by institutional spouse depending on income and shelter costs of community spouse.				deductions for earned income & dependent children allocations.				Full Dual Eligible				
5	\$ 2,011		Family Premium based on percentage of income. <150% FPL is 3% <175% FPL is 4% <200% FPL is 5%			spouse.				no waiting period for using AHCCCS				Deemed Elig. MSP				
<b>AHCCCS MED (SPEND DOWN)</b> <i>Apply at DES Family Assistance Admin.</i>			<b>AHCCCS FREEDOM TO WORK</b> <i>Apply AHCCCS Central Office 1-800-654-8713-6.</i>			Individuals must qualify medically & functionally as needing care at a nursing home level, but may receive care at home or in an assisted living facility.				Specific Requirements				Low Income Subsidy				
Income is based on current month plus 2 prospective months. Eligibility is based on a net income of 40% of above amounts after medical bills for month before application, month of application, & month following, if needed. Medical bills must be ones for which individual is liable; bills payable by insurance do not count. Resource limits will be applied. (\$5,000 liquid resources, \$100,000 total.)			Health insurance for an employed person with a disability. No resource test. Possible premium. Countable income up to 250% FPL			Individuals must qualify medically & functionally as needing care at a nursing home level, but may receive care at home or in an assisted living facility.				Part A Eligible				Not Eligible for subsidy				
<b>TEMPORARY AHCCCS FOR THOSE WITH SOCIAL SECURITY DISABILITY INSURANCE (SSDI)</b> Must have had AHCCCS in last 2 yrs., no longer be eligible, & not yet have Medicare. Waiting lists exist.										Receiving Part A				Eligibility at Left				
Household Size	\$60 Monthly Premium for Income of:	\$120 Monthly Premium for Income of:	\$180 Monthly Premium for Income of:	\$240 Monthly Premium for Income of:	\$300 Monthly Premium for Income of:					Benefits				100% Subsidy <sup>1</sup>				
1	≤ \$1,277/Mo.	≤ \$1,702/Mo.	≤ \$2,128/Mo.	≤ \$2,553/Mo.	≤ \$2,978/Mo.					a. Parts B & A premiums				100% Subsidy <sup>1</sup>				
2	≤ \$1,712/Mo.	≤ \$2,282/Mo.	≤ \$2,853/Mo.	≤ \$3,423/Mo.	≤ \$3,993/Mo.					b. Medicare coinsurance.				Premium Subsidy <sup>1</sup> ≤135% FPL 100%				
3	≤ \$2,147/Mo.	≤ \$2,862/Mo.	≤ \$3,578/Mo.	≤ \$4,293/Mo.	≤ \$5,008/Mo.					c. Deductibles				≤140% FPL 75% ≤145% FPL 50% <150% FPL 25%				
										d. HMO co-payments, except drugs.				No subsidy for incomes				
										e. Auto-enroll in Part D plan. See AHCCCS				≥\$1,226/\$1,650				
										Medicare no waiting period for using AHCCCS				No subsidy				
										Prescription Drug Coverage				No Deductible				
										Auto-enrolled Plan <sup>3</sup> & Subsidy				\$56 Annual Ded.				
										Contact PGCS at 520-836-2758 for further information on prescription coverage. Also see Medicare section of this chart.				No Coverage Gap				
										Auto-enroll Subsidy & Plan				Gap \$2,510-\$5,726.25				
										Apply at SSA; Auto-enrolled in Plan				No co-pay after reaching \$5,726.25.				
										Apply at SSA; Auto-enrolled in Plan				No co-pay after reaching \$5,726.25.				
										Standard Part D Costs				No co-pay after reaching \$5,726.25.				
										May switch plans <sup>4</sup>				Co-pay of \$2.25/\$5.60 after \$5,726.25.				
										May switch plans <sup>4</sup>				Co-pay of 5% Cost or \$2.25/\$5.60 after \$5,726.25.				
										May switch plans <sup>4</sup>				In Plan <sup>4</sup> for year				
										May switch plans <sup>4</sup>				First \$20 of income is disregarded.				

# TANF

Temporary Assistance to Needy Families  
**Apply at local DES Cash Assistance Office.**

Cash Assistance  
Formerly AFDC.

Maximum benefit with shelter  
obligation:

Household Size	Monthly Benefit	Resources Allowed
1	\$ 204	\$2,000 + House + Vehicles*
2	\$ 275	
3	\$ 347	
4	\$ 418	
5	\$ 489	

Without shelter obligations:

1	\$ 128
2	\$ 173

There are many earned income disregards.

\* All vehicles exempt, including recreational vehicles.

SSI & ALTCS change in January. Poverty in February or March. Medicare Savings, Kids Care, & AHCCCS in April. Food Stamps in October.

## **GA (Limited Enrollment)**

General Assistance

***Apply at local DES Cash Assistance Office.***

Disabled, unable to work for 12 months  
or caregiver of disabled person.

Benefit limited to 12 months in 3 years.

Maximum benefit with shelter obligation:

Household Size	Monthly Benefit	Resources Allowed
1	\$ 173	\$1,000*
2	\$ 233	\$1,400*
Without shelter obligations:		+ House** + Vehicles* disregard of \$1,500.
1	\$ 108	
2	\$ 145	

**GA cases limited to 2 participants**

\* Vehicle equity over \$1,500 is countable.

\*\*Home value over \$50,000 is countable.

**May be placed on waiting list.**

SSI & ALTCS change in January. Poverty in February or March. Medicare Savings, Kids Care, & AHCCCS in April. Food Stamps in October.

## FOOD STAMPS

*Apply at local DES Family Assistance Office/call USDA 1-800-221-5689.*

Household Size	Gross Monthly Income Per Budgetary Unit* (Rates change on October 1.)		Maximum Benefit If No Income	<b>Resources Allowed</b>
	With NO Elder or Disabled (130% FPL)	With Disabled Elder 60+* (165% FPL)		
1	\$ 1,107	\$ 1,404	\$ 162	\$2,000. If elder or disabled in household: \$3,000. House & Lot. All vehicles are exempt, including recreational vehicles
2	\$ 1,484	\$ 1,883	\$ 298	
3	\$ 1,861	\$ 2,361	\$ 426	
4	\$ 2,238	\$ 2,840	\$ 542	
5	\$ 2,615	\$ 3,318	\$ 643	

\* All who live & prepare meals together are a budgetary unit. If an elder is unable, due to permanent disability, to buy & prepare food separately, the elder & spouse may be a separate budgetary unit, if those they live with are below 165% FPL. Most budgetary units must meet both the gross & net monthly income tests. Budgetary units w/elders only have to meet net income (100% FPL) after deductions. If all participants in household receive SSI, the household is categorically eligible.

SSI & ALTCS change in January. Poverty in February or March. Medicare Savings, Kids Care, & AHCCCS in April. Food Stamps in October.

# SSI

Supplemental Security Income

**Apply at Social Security: 1-800-772-1213.**

FIRST \$20 OF INCOME IS DISREGARDED.

Disabled, blind, or age 65 or older

Maximum benefit with fair market shelter obligation:

(SSI rates change on January 1.)

Household Status	SSI Only	SSI with Other Income*	Resources Allowed**
	Monthly Benefit	Monthly Benefit	
Single	\$ 637	\$ 657	\$2,000
Couple	\$ 956	\$ 976	\$3,000

If shelter costs are provided by others, benefit will be reduced by 1/3: \$212.33 single or \$318.66 couple.

\* More deductions may be allowed for earned income or dependent child allocations.

\*\* Also allowed: house, car, \$1,500 burial funds and life insurance with face value of up to \$1,500.

SSI & ALTCS change in January. Poverty in February or March. Medicare Savings, Kids Care, & AHCCCS in April. Food Stamps in October.

# FEDERAL POVERTY LEVEL (FPL)

**100%**

(Updated annually in February or March.)

(Basis for eligibility for many programs.)

<i>1/24/2006 Prior Year</i>	Published 1/24/07 Federal Register.		
<i>Monthly Level</i>	Household Size	Annual Level	Monthly Level
\$ 817	1	\$ 10,210	\$ 851
\$ 1,100	2	\$ 13,690	\$ 1,141
\$ 1,384	3	\$ 17,170	\$ 1,431
\$ 1,667	4	\$ 20,650	\$ 1,721
\$ 1,950	5	\$ 24,130	\$ 2,011
<b>+ \$283/Person</b>	<b>Add \$290/Month for each additional person.</b>		

SSI & ALTCS change in January. Poverty in February or March. Medicare Savings, Kids Care, & AHCCCS in April. Food Stamps in October.

## **DISCOUNTS & TAX BREAKS**

Property Tax: (Apply Jan. 1 - March 1) Widows of Ariz. residents & disabled with incomes below \$27,434 w/o SSA; Property Valuation Freeze: (Apply by Sept. 1 on DOR 82104 form) Owners aged 65 + income <\$30,576S/\$38,3220M. Apply at County Assessor.

Vehicle Registration: Discounts for widows, disabled & SSI.

Property Tax Refund: Renter/owners  $\geq 65$  with income <\$3,751 Single or \$5,501 Married or SSI. Use 140PTC form at tax time. Refund up to \$502 + \$25 personal allowance.

SSI & ALTCS change in January. Poverty in February or March. Medicare Savings, Kids Care, & AHCCCS in April. Food Stamps in October.

## **AHCCCS**

(Partly Funded by Medicaid/Title XIX)

***Apply at DES Cash Assistance Office  
or AHCCCS***

*SSI Recipients are Automatically Eligible*

AHCCCS uses 100% FPL for most programs, including families w/children, adults & SSI MAO.

(New 100% FPL Rates Effective April 1.)

Household Size	Monthly Income	Resources Allowed
1	\$ 851	No Resource Test
2	\$ 1,141	
3	\$ 1,431	
4	\$ 1,721	
5	\$ 2,011	

## **AHCCCS MED (SPEND DOWN)**

***Apply at DES Family Assistance Admin.***

Income is based on current month plus 2 prospective months. Eligibility is based on a net income of 40% of above amounts after medical bills for month before application, month of application, & month following, if needed.

Medical bills must be ones for which individual is liable; bills payable by insurance do not count. Resource limits will be applied.

(\$5,000 liquid resources, \$100,000 total.)

SSI & ALTCS change in January. Poverty in February or March. Medicare Savings, Kids Care, & AHCCCS in April. Food Stamps in October.

## **AHCCCS for Families & Children**

(New FPL Rates Effective April 1.)

**Apply at DES Cash Assistance Office**

Families with Children	100% FPL
Pregnant Woman	150% FPL
Child 0 -1 yr. old	140% FPL
Child 1 -5 yrs. old	133% FPL
Child 6-19 yrs. old	100% FPL
Parents living w/Elig. Children	200% FPL

(Small Premium)

### **AHCCCS KIDS CARE**

Health insurance for children under 19.

***To apply call toll-free: 1-877-764-5437.  
for area codes 520 & 928. For the rest  
of the state to apply call: 602-417-5437.***

Income	Premium One Child	Premium > One Child
150% FPL	\$10.00	\$15.00
175% FPL	\$20.00	\$30.00
200% FPL	\$25.00	\$35.00

Family Premium based on percentage of income.

$<150\%$ FPL is 3%	$<175\%$ FPL is 4%	$<200\%$ FPL is 5%
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### **AHCCCS FREEDOM TO WORK**

***Apply AHCCCS Central Office***

***1-800-654-8713-6.***

Health insurance for an employed person with a disability. No resource test. Possible premium.

Countable income up to 250% FPL

**TEMPORARY AHCCCS FOR THOSE WITH SOCIAL SECURITY DISABILITY INSURANCE (SSDI)**

Must have had AHCCCS in last 2 yrs., no longer be eligible, & not yet have Medicare. Waiting lists exist.

Household Size	<b>\$60 Monthly Premium for Income of:</b>	<b>\$120 Monthly Premium for Income of:</b>	<b>\$180 Monthly Premium for Income of:</b>	<b>\$240 Monthly Premium for Income of:</b>	<b>\$300 Monthly Premium for Income of:</b>
1	≤ \$1,277/Mo.	≤ \$1,702/Mo.	≤ \$2,128/Mo.	≤ \$2,553/Mo.	More than \$2,553
2	≤ \$1,712/Mo.	≤ \$2,282/Mo.	≤ \$2,853/Mo.	≤ \$3,423/Mo.	More than \$3,423
3	≤ \$2,147/Mo.	≤ \$2,862/Mo.	≤ \$3,578/Mo.	≤ \$4,293/Mo.	More than \$4,293

SSI & ALTCS change in January. Poverty in February or March. Medicare Savings, Kids Care, & AHCCCS in April. Food Stamps in October.

## ALTCS

Arizona Long Term Care System

**Apply S. V. (520) 459-7050 or**

**Miami (928) 425-3165.**

**Referral Line: 1-800-654-8713**

Eligibility based on 300% of SSI.

(ALTCS rates change effective January 1.)

*Use special income trust if income is too high to qualify.*

Marital Status	Monthly Income	Resources Allowed
Individual	\$1,911	\$2,000 plus Car, house, & limited burial/life ins.
If married*	\$3,822	Other resources of up to \$104,400 for spouse if s/he not in a medical facility.
*After eligibility, income may be diverted to community spouse by institutional spouse depending on income and shelter costs of community spouse.		

Individuals must qualify medically & functionally as needing care at a nursing home level, but may receive care at home or in an assisted living facility.

SSI & ALTCS change in January. Poverty in February or March. Medicare Savings, Kids Care, & AHCCCS in April. Food Stamps in October.

<b>MEDICARE SAVINGS PROGRAMS (MSP)</b>				<b>SSI MAO</b>
Qualified Medicare Beneficiary, Specified Low-Income Beneficiary				1-800-528-0142
Qual. Individuals 1 (First \$20 of income disregarded, & other income deductions same as for SSI MAO.)				Eligibility
<b>Apply ALTCS Office or 1-800-528-0142.</b>				100 % FPL
Percent of Poverty (Rates Change Effective April 1.)				Disabled,
Marital Status	100%	120%	135%	Blind, or
	<b>QMB*</b>	<b>SLMB</b>	<b>QI</b>	65 or older.
Single	\$ 851	1,021	1,149	Not receiving
Married	\$ 1,141	1,369	1,541	SSI
Resources	No Limits	No Limits	No Limits	<b>First \$20 of Income is Disregarded</b>
Specific Requirements	Part A Eligible	Receiving Part A	Receiving Part A	Allows deductions for earned income & dependent children allocations.
Benefits	Pays: a. Parts B & A premiums b. Medicare coinsurance. c. Deductibles d. HMO co-payments, except drugs. e. Auto-enroll in Part D plan.	Pays: Part B premium  CMS enrolls in Subsidy to pay for Part D Plan	Pays: Part B premium  CMS enrolls in Subsidy to pay for Part D Plan	Unlike Medicare no waiting period for using AHCCCS
<b>PRESCRIPTION DRUG COVERAGE</b>				
Contact PGCSC at 520-836-2758 for further information on prescription coverage. Also see Medicare section of this chart.				

SSI & ALTCS change in January. Poverty in February or March. Medicare Savings, Kids Care, & AHCCCS in April. Food Stamps in October.

**MEDICARE RATES 2008**  
***Updated Every Calendar Year***

Part B Monthly Premium (If income/yr. <\$82,000/\$164,000 S/C)	\$96.40
Part B Deductible	\$135.00
Part A Deductible (Hospital Stay 1-60 Days)	\$1,024.00
Part A Deductible/Day (Hospital 61-90 Days)	\$256.00
Part A Deductible/Day (Hospital 91-150 Days)	\$512.00
Skilled Nursing Deductible (1-20 Day Stay)	\$0.00
Skilled Nursing Deductible (21-100 Day Stay)	\$128.00

SSI & ALTCS change in January. Poverty in February or March. Medicare Savings, Kids Care, & AHCCCS in April. Food Stamps in October.

**PART D - VOLUNTARY MEDICARE DRUG BENEFIT (1/1/08)**

**Annual enrollment for calendar year 2008 is Nov. 15 - Dec. 31.**

Full Dual Eligible	Deemed Elig. MSP	LIS - Not Deemed	Low Income Subsidy	Not Eligible for subsidy
ALTCS/AHCCCS Eligibility at Left	≤135% FPL ≤\$1,149/\$1,541	≤135% FPL ≤\$1,149/\$1,541	<150% FPL <\$1,277/\$1,712	≥150% FPL ≥\$1,277/\$1,712
100% Subsidy 1	100% Subsidy 1	100% Subsidy 1	Premium Subsidy 1 ≤135% FPL 100% ≤140% FPL 75% ≤145% FPL 50% <150% FPL 25%	\$25/mo. Avg. Prem.
AHCCCS pays Co-pay ≤\$851/\$1,141/mo.	Co-pay 2 \$1.10/\$3.10 for QMB eligible	Co-pay 2 \$1.10/\$3.10 ≤\$851/\$1,141/mo.		No subsidy for incomes ≥\$1,226/\$1,650
AHCCCS pays Co-pay >\$851/\$1,141/mo.	Co-pay 2 \$2.25/\$5.60 for SLMB or QI	Co-pay 2 \$2.25/\$5.60 >\$851/\$1,141/mo.	Co-pay: 15% of Cost \$56-\$5,726.25	Co-pay: 25% of Cost \$275-\$2,510
No resource limit	No resource limit	\$6,120 S/\$9,190 M Burial \$1,500/person	\$10,210 S/\$20,410 M Burial \$1,500/person	Not Applicable No subsidy
No Deductible	No Deductible	No Deductible	\$56 Annual Ded.	\$275 Annual Ded.
No Coverage Gap	No Coverage Gap	No Coverage Gap	No Coverage Gap	Gap \$2,510~\$5,726.25
No co-pay after reaching \$5,726.25.	No co-pay after reaching \$5,726.25.	No co-pay after reaching \$5,726.25.	Co-pay of \$2.25/\$5.60 after \$5,726.25.	Co-pay of 5% Cost or \$2.25/\$5.60 after \$5,726.25.
Auto-enrolled Plan 3 & Subsidy	Auto-enroll Subsidy & Plan	Apply at SSA; Auto- enrolled in Plan	Apply at SSA; Auto- enrolled in Plan	Standard Part D Costs
May switch plans 4	May switch plans 4	May switch plans 4	May switch plans 4	In Plan 4 for year

1Subsidy is for standard premium. 2Co-pay for Generic/Brand. 3Some AHCCCS Plans are Medicare Special Needs Plans with Part D + A & B coverage. 4May select coverage thru Medicare Drug Plan or Medicare Advantage Plan. Drug coverage must be selected between 11/15/06-12/31/06 & MA plans may be changed between 1/1/07-3/31/07. First \$20 of income is disregarded.

SSI & ALTCS change in January. Poverty in February or March. Medicare Savings, Kids Care, & AHCCCS in April. Food Stamps in October.

## FEDERAL POVERTY LEVEL (FPL) AND LOW-INCOME MEDICARE PART D SUBSIDY

Published 1/24/07 Federal Register.

Household Size	Annual 100% FPL	QMB/AHCCCS	SLMB	QI	Low Income Subsidy		
		Monthly 100% FPL	Monthly 120% FPL	Monthly 135% FPL	Monthly 140% FPL	Monthly 145% FPL	Monthly 150% FPL
1	\$ 10,210	\$ 851	\$ 1,021	\$ 1,149	\$ 1,192	\$ 1,234	\$ 1,278
2	\$ 13,690	\$ 1,141	\$ 1,369	\$ 1,541	\$ 1,598	\$ 1,655	\$ 1,712
3	\$ 17,170	\$ 1,431	\$ 1,717	\$ 1,932	\$ 2,004	\$ 2,075	\$ 2,147
4	\$ 20,650	\$ 1,721	\$ 2,065	\$ 2,324	\$ 2,410	\$ 2,496	\$ 2,582
5	\$ 24,130	\$ 2,011	\$ 2,413	\$ 2,715	\$ 2,816	\$ 2,916	\$ 3,017
Medicare Part D Premium Subsidy:			100.00%	100.00%	75.00%	50.00%	25.00%
Deductible:			\$0	\$0	\$56	\$56	\$56