



- you are between the ages of 21 to 64
- your income is at or below 138% of the Federal Poverty Level
- you meet Medicaid immigration status requirements



FOUR EASY WAYS TO APPLY!

Online:

www.COMPASS.state.pa.us

Phone:

1-866-550-4355 Consumer Service Center

Mail:

Send paper application to your local county assistance office

In Person:

Apply at your local county assistance office

Information you'll need for your HealthChoices application:

Total household income

and birth dates of

household members

- Social Security numbers
- Current or recent health insurance information
- Housing and utility expenses

Use the chart below to see if you qualify.

Family Size	138% FPL (annual)
1	\$16,643
2	\$22,412
3	\$28,180
4	\$33,948
5	\$39,717
6	\$45,485
7	\$50,688
8	\$57,022
Each Additional Person	\$5,769

For more information visit, HealthChoicesPA.com