

# How to Apply for SoonerCare

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About 1 in 4 Oklahomans of all ages is on a SoonerCare program. You are not alone.

Start your application at  
**[MySoonerCare.org](https://www.mysoonercare.org)**

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**Contact the SoonerCare Helpline for any additional assistance: 1-800-987-7767**

# New in 2021: SoonerCare/Medicaid Expansion to more adults (with or without children)

**For adults, income level must be at or below these levels:**

Household Size	Weekly	Every 2 weeks	Monthly	Yearly
1	\$345	\$690	\$1,483	\$17,796
2	\$466	\$932	\$2,004	\$24,048
3	\$587	\$1,175	\$2,526	\$30,312
4	\$709	\$1,418	\$3,049	\$36,588
5	\$830	\$1,661	\$3,571	\$42,852
6	\$952	\$1,903	\$4,092	\$49,104
7	\$1,073	\$2,147	\$4,615	\$44,380
8	\$1,193	\$2,386	\$5,130	\$61,560

- Adult SoonerCare now available for many Adults with or without children.
- **Children & pregnant women** can get and stay on SoonerCare at higher income levels than most adults.
- Unemployed or \$0 income Adults may qualify (the extra \$300 unemployment does **not** count as income).
- There is **no work requirement**.
- There is no requirement to file taxes, either in the past or the future.

# New in 2021: SoonerCare/Medicaid Expansion to more adults (with or without children)

**For children under 19 and pregnant women, income level must be at or below these levels:**

Household Size	Weekly	Every 2 Weeks	Monthly	Yearly
1	\$525	\$1,049	\$2,256	\$27,072
2	\$709	\$1,419	\$3,050	\$36,600
3	\$894	\$1,787	\$3,843	\$46,116
4	\$1,079	\$2,158	\$4,639	\$55,668
5	\$1,263	\$2,527	\$5,433	\$65,196
6	\$1,448	\$2,896	\$6,227	\$74,724
7	\$1,633	\$3,267	\$7,023	\$84,276
8	\$1,815	\$3,631	\$7,806	\$93,672

# Why is the application so long? What does it ask about?

- The application form tries to match your information electronically, so that you **don't** have to send in an ID or paystubs.
- The application needs information about each person in your household, so it may ask the same questions about each person.
- You can always re-do the application with different info, and you can re-apply at any time.
- For more help or to do the application by phone, call 1-800-987-7767.
- For many people, SoonerCare eligibility is based on **income limits** for your **household size**.
  - This application form first asks about people in your household, then about income from all sources to find the income limit for your household size.

(see SoonerCare Income Guidelines on [Page 3](#))

# Is it worth my time to fill out an application?

**Yes!**

Your coverage usually starts the same day you apply, and there is **no monthly premium**.

- You can print or take a picture of your SoonerCare card right after completing the application.
- You need to have coverage before you get treatment or bills. Coverage is not retroactive, so consider getting coverage **before you need it**.
- You can get SoonerCare now, and **only use it when you need to**.

# What information do I need for the application?

All information is for **this month**.

SoonerCare eligibility is based on “right now” information.

Information needed for **all members** of household:

- Legal name matching Social Security Card (or other federal document)
- Social Security Number
- Date of Birth
- Sex/Gender matching Social Security Card

# What information do I need for the application?

All information is for **this month**.

SoonerCare eligibility is based on “right now” information.

## Other information needed:

- **Is there income from a job (including tips)?**
  - If yes, you'll need to provide company name, address, phone.
  - Use the official company name and address on paystub (okay if not OK address).
- **Is there income from Self-Employment or as an Independent Contractor?**
  - Enter “net” monthly income after subtracting business expenses.
- **Is there income from: Social Security disability, retirement, unemployment, alimony, rental or royalty payments?**
  - For unemployment, don't include the extra \$300 unemployment benefit.
- **Is there other health insurance?**
  - If yes, you'll need insurance card information.

# How do I start a SoonerCare application?

Apply at [MySoonerCare.org](https://MySoonerCare.org)

**If you have Children on SoonerCare now,** update the children's application with information about Adults. This will check if you qualify for Expansion Adult Coverage.

- Go to MySoonerCare.org and look for the blue circle that says "Log In Now." Enter User ID/Email and Password or use the "Forgot User ID/Password link."
- To find the User ID and Password or to update the application by phone, call 1-800-987-7767.

# How do I start a SoonerCare application?

**For NEW applications for Adults or Children,** the website will ask for information about one Adult, then send an email with a Registration Code to continue the application.

**1. Go to MySoonerCare.org and look for "Apply for Benefits."**



# How do I start a SoonerCare application?

**For NEW applications for Adults or Children:**

**2. On the “Log in or Create Account” screen, click “Create a New Account.”**

OKLAHOMA Health Care Authority Welcome Member Enrollment Contact Us Language: English

**Log On or Create Your Account**

Do not use your browser back button or do a screen refresh.

To log on to your existing account, Please enter your User ID or e-mail address below, with your password. This ID may have been created by you, your spouse or your authorized representative.

Required fields are marked with an asterisk (\*). You may enter a User ID (or E-Mail Address) to begin the application but at least one is required along with the password.

User ID or E-Mail Address: \*  [Forgot your User ID?](#)

Password: \*  [Forgot your Password?](#)

If you do not have a user account, but you have your Personal Identification Number (PIN), you may [create an account using your PIN](#) now.

If you do not have a user account or PIN, please [create a new account](#) now.

**New application starts here.**

**When creating a SoonerCare Account** (also known as a “case”), you’ll use an email address and create a User ID and Password. **Write these down**, so you can get copies of your card and make future updates quickly.

# How do I start a SoonerCare application?

For NEW applications for Adults or Children:

**3. Read the "Rights and Responsibilities"**

**and select "I agree."**

The screenshot shows the Oklahoma Health Care Authority Member Enrollment page. At the top left is the Oklahoma Health Care Authority logo. To its right, it says "Welcome" and "Member Enrollment". Below this is a section titled "Rights and Responsibilities" with a sub-header "Thank you for your interest in our programs. To apply for benefits, you must agree to the terms listed below. You must select 'I agree' to complete the application." Below this text is a form with two radio buttons: "I agree" and "I do not agree". A red arrow points to the "I agree" radio button, and the word "Agree" is written in red next to it. In the top right corner of the form area, there is a "SoonerCare Member Log-in" button and a "Returning User? Log on to your account" link. At the bottom right of the form area is an "EXIT" button.

# FILLING OUT THE APPLICATION

- You will have to fill out Steps 1-8 as shown at the top of each screen. Most people only have to enter information for 4 or 5 of the steps.
- The application is looking for information to figure out **HOUSEHOLD SIZE** and **INCOME**.
- You can navigate between pages by using the **“Previous”** or **“Next”** buttons at the bottom of the screen.

8 steps

OKLAHOMA Health Care Authority

Welcome

Contact Us | Log On

Member Enrollment

Language: English

Enrollment Steps

STEP 1 People & Contacts

STEP 2 Tax Household

STEP 3 Household Income

STEP 4 Expenses

STEP 5 Health Insurance

STEP 6 Review

STEP 7 Citizenship & Identity

STEP 8 Submit

### Step 1 - People & Contacts

Do not use your browser back button or do a screen refresh.

The first step in the application process is to tell us about all of the people living in the household. Start with an adult, if there is one living in the house. He or she will be the contact person for the case. The contact person must be at least 15 years old. When you have finished, select "Next" to continue.

Required fields are marked with an asterisk(\*).

#### Personal Information

**Start with adult name.** → First Name: \*  [Tell me more...](#)

(Full legal name as appears on Social Security card, not a nickname; example: Joseph, not Joe; Susan, not Sue)

Middle Name:

Last Name: \*

Suffix:

Date of Birth: \* month  day  year

Gender: \*  Male  Female

Click on blue links for more information.

# FILLING OUT THE APPLICATION

## STEP 1: People & Contacts

Enter this information for each person you think of as in “your household.”

- Legal name matching Social Security Card (or other federal document)
- Social Security Number
- Date of Birth
- Sex/Gender matching Social Security Card

To see if people are also eligible for other types of SoonerCare, the application asks if anyone:

- is getting Unemployment
- was in Foster Care
- is a college student
- is blind or disabled
- needs Long-Term Care
- is in prison or jail

**Any answer is okay!**

There is an automatic question about pregnancy for most females. **Answering “Yes” or “No” are both okay.** Pregnant women may be eligible at higher income levels.

# FILLING OUT THE APPLICATION

## STEP 1: People & Contacts (cont'd)

For each person, the application asks about **residency and citizenship**.

- For the question, “Does this person live in Oklahoma?”  
**You will need to answer YES to be eligible for SoonerCare.**

The application asks, “Is this person a US Citizen, an Alien with Documentation, or None of the Above?” and will ask about possible documents.

- You do **NOT need to have the documents right now**, you will need to be able to send them later if needed, though.
- Example: A **US citizen** does not need their Birth Certificate right now, but may have to show it later.
- Example: A **non-citizen** with a Green Card or Employment Authorization card (or other documents listed) only needs to enter the numbers from those cards. They may have to send in a copy later if needed.
- Use the drop-down menu to see a **list of 11 possible documents**.

# FILLING OUT THE APPLICATION

## STEP 1: People & Contacts (cont'd)

Enter the **address for your household** (where you are living now).

- **Optional:** A different mailing address can also be entered. If you have a PO Box or a more permanent address that would be better for mail, you can enter it here.
- If a letter from SoonerCare is returned because of a bad address, your SoonerCare may be ended until you update your address.
- If you aren't entering a different mailing address, select the box that says "Same as Residence."
- Enter your choice of **English or Spanish for letters**.
- Enter your daytime and night phone numbers, and say if it is okay for SoonerCare to leave a message.
- Enter an **email address you can get to right now**. SoonerCare will email you a Registration Code to continue your application.
- **Optional:** You have the option to name an Authorized Representative who can talk with SoonerCare for you.

# FILLING OUT THE APPLICATION

## STEP 1: People & Contacts (cont'd)

The application asks you to **create a User ID and Password**, and answer 3 security questions.

**Write them down or put it in your phone** because you will need them to continue the application or update later.

Instructions on screen will tell you about next steps. Watch for an email from SoonerCare or Oklahoma Health Care Authority (OHCA) with your Registration Code to continue.

### Create User Account



Do not use your browser back button or do a screen refresh.

You should create a user account now. This will let you see your information for 30 days. If you do not come back to it, it will be deleted. Information from earlier applications will still be there.

If you already have a user account, [log on now](#).

To create an account, you will need to create a User ID and password. The User ID and password will be needed to access your application. You will need to answer 3 challenge questions. The questions will be used if you forget your password.

Enter a user ID and password. Choose something that is easy for you to remember but hard for other people to guess. You may want to write your User ID down, as it will not be shown to you again. This user account will be associated with the Contact Person.

Required fields are marked with an asterisk (\*).

**Create an account then look for an email from "mysoonercares"**

User ID: \*

Your User ID must: be between 8 and 20 characters long, not contain any spaces and contain only letters and numbers.

Password: \*

Retype Password: \*

Your Password must: be between 8 and 20 characters long, not contain any spaces, not contain your User ID, and contain at least 3 of the following 4 character types:

- Uppercase letters
- Lowercase letters
- Numbers
- Special Characters

Email: \*

E-mail address for the household contact can be used as an alternate to a User ID when logging in at a later time to retrieve this application.

Written Language: \*

Please choose the language you would like OHCA email communications sent in.

# FILLING OUT THE APPLICATION

## STEP 1: People & Contacts (cont'd)

Go back to MySoonerCare.org to continue your application.

Enter your new **User ID and Password**.



**OKLAHOMA**  
Health Care Authority

Welcome

Member Enrollment

[Contact Us](#)

Language:

### Log On or Create Your Account



Do not use your browser back button or do a screen refresh.

To log on to your existing account, Please enter your User ID or e-mail address below, with your password. This ID may have been created by you, your spouse or your authorized representative.

Required fields are marked with an asterisk ( \* ). You may enter a User ID (or E-Mail Address) to begin the application but at least one is required along with the password.

User ID or E-Mail Address: \*

[Forgot your User ID?](#)

Password: \*

[Forgot your Password?](#)

LOG ON

**Enter user ID and password you created.**

**If you run into problems, call 1-800-987-7767**

# FILLING OUT THE APPLICATION

## STEP 1: People & Contacts (cont'd)

The website will ask for your **Registration Code**.

Application continues after you go to MySoonerCare.org again. Click "Continue."



**OKLAHOMA**  
Health Care Authority

Welcome Shiela Burns

Member Enrollment

[Change Password](#) | [Contact Us](#) | [Log Off](#)

Language: English ▾

### Account Registration

Do not use your browser back button or do a screen refresh.

To register your account, please enter the registration code that was provided in the registration email.

Required fields are marked with an asterisk (\*).

Registration code: \*

[Send me registration email again.](#)

REGISTER

KjLanv

LF80Wn

ORN3tw

kjLanv

YbJOEQ

xNyf53

Enter "Registration Code"  
from confirmation email.

If PIN code needed,  
call 1-800-987-7767

# FILLING OUT THE APPLICATION

## STEP 1: People & Contacts (cont'd)

To add up the **household size** for each person, the application asks about the relationship among Adults and Children.

- **All answers are okay.**
- Same-sex relationships are okay.
- Being not married is okay.

# FILLING OUT THE APPLICATION

## STEP 1: People & Contacts (cont'd)

If there are **Children in the household**, it will ask if both parents of that child are listed in the **household**.

- If the other parent is **NOT** in the household, there will be a question about “Cooperation with Child Support.”
- If you answer “No,” it usually means children will get SoonerCare, but adults do not.
- To avoid this requirement, you can file a **“Good Cause” claim** that needs a letter from a friend, pastor, social worker, etc. saying that harm may come to the adults or children if you cooperate with child support.
- For more information, call SoonerCare: 1-800-987-7767  
OR Child Support Services: 405-522-2273

To add up the **household size** for each child, the application asks about the relationship between children.

- **All answers are okay:** Step and half siblings count the same.
- Sometimes a child has a bigger **household size**, which makes SoonerCare available at higher incomes.

END OF STEP 1

# FILLING OUT THE APPLICATION

## STEP 2: Tax Household

**\*TAX RETURNS DO NOT HAVE TO BE FILED FOR SOONERCARE\***

There is **no requirement to file income taxes**, either in the past or the future.

This is a “what if” section. One way to add up household size is to ask, “If a return was filed, which adults and children **would** be on the tax return together?”

For each person on the application, it asks for:

- “Tax Filer Status.”
  - Options are (Tax Filer), (Dependent), (Non-Filer)
  - Usually adults are (Tax Filer), and children are (Dependent)
- “Filing Status.” **Any answer is okay.**
  - Application asks about relationships among Adults and Children.

END OF STEP 2

# FILLING OUT THE APPLICATION

## STEP 3: Income

- All income amounts are “gross,” meaning before any tax deductions or subtractions.
- Income amounts are for **this month** or **right now**.
- Having \$0 income or being unemployed is okay. There is **no work requirement**.
- If you are **self-employed**, answer “Yes” to “income from job,” then look for the self-employment question on the next page. Self-employment income is “net” after business deductions.
- Income amounts can be entered as Weekly, Every Other Week, Twice a Month, Monthly.
  - If you make \$10/hour and work 30 hours/week: \$300 Weekly
  - If you are paid \$250/week before deductions: \$250 Weekly.
  - If you are paid every two weeks, use “Every Other Week”
- Enter Employer Name, Address, Phone. Use information from paystub.
- You do not need the Federal Employer ID (FEIN).
- The application will ask if the Employer was correctly matched, or just check “Use what I entered.”

# FILLING OUT THE APPLICATION

## STEP 3: Income (cont'd)

**Other income:** If a person receives SSI (Supplemental Security Income), enter the amount since it might make them eligible for other services. **SSI does not count in the total household income limits for SoonerCare.**

Also enter any amounts (before deductions) for:

- Social Security retirement or disability payments
- Unemployment (basic amount, not the \$300 extra/week)
- Alimony (if received this month)
- Rental or Royalty Income, and other categories listed

**DO NOT** include:

- Workers compensation
- Veterans (VA) income
- TANF
- SNAP (food stamps)
- Housing assistance
- WIC
- Child support

\* Repeat these steps for each person in household who has income, including Children\*

END OF STEP 3

# FILLING OUT THE APPLICATION

## STEP 4: Expenses or Deductions from Income

Check **NO** for most people.

Check **YES** if the person has any of these types of income:

- Alimony Paid
- Student Loan Interest Paid
- Educator Expenses

**For Self-Employed persons, check YES** to enter self-employment tax, health savings account, IRA deduction, etc. See application screens.

END OF STEP 4

# FILLING OUT THE APPLICATION

## STEP 5: Other Health Insurance

**Most SoonerCare applicants, check NO** because they do not have current health insurance from a job or Medicare.

**If someone has current health insurance from a job or Medicare, check YES.** (Sometimes SoonerCare might be an add-on plan to supplement other health insurance.)

- Enter the insurance company ID card information in the application.

END OF STEP 5

# FILLING OUT THE APPLICATION

## STEP 6: Review Information

The application screen shows you all the information you entered for everyone in your household. Review this information for accuracy.

- Use the blue **“Change”** links on the right to make any changes to each section.
- Look for the blue box at the bottom right for **“No More Changes.”**

END OF STEP 6

# FILLING OUT THE APPLICATION

## STEP 7: Citizenship and Identity (if more info is needed)

**If more information about citizenship or identity is needed, you will see this screen.**

**Look for the blue link on the left for, “What documentation is accepted as proof?”**

**END OF STEP 7**

# FILLING OUT THE APPLICATION

## STEP 8: Submit Application

Read information on the screen and use the blue box to **Submit**.

If the screen asks you to pick a Primary Care Provider Doctor (PCP), then the application was successful.

See the screen for My Benefits (example on next page). For each person, it will show (Approved), (Temporary), OR (Denied).

Look on the screen to see if more information needs to be submitted, such as income information.

- Photos of paystubs or other documents can be uploaded to the website.
- See “View/Upload Documents” on bottom left of screen.

To print SoonerCare ID card, see bottom right of screen for “Get ID Card.” You can take a picture of your ID card on your cell phone to show at offices.

Your SoonerCare coverage usually starts the same day as your application!

**\* END OF APPLICATION \***

# RESULTS



**OKLAHOMA**  
Health Care Authority

Welcome [REDACTED]

My Benefits

Today is June 01, 2021

[Change Password](#) | [Contact Us](#) | [Log Off](#)

Language: English ▼

### Current Benefits Status

Your case number is 202 [REDACTED]

**Approved!**

**Start date**

Program	Start	End	Status
<input checked="" type="checkbox"/> SoonerCare-Adults	07/01/2021	05/31/2022	<b>APPROVED</b>

### Update/Renew My Application

[GO](#)

### Change Contact Information (address, phone, email) and Authorized Representative

[GO](#)

### Change Password

[GO](#)

### I want to...

- Get ID Card**
- End Benefits
- View Letters UNREAD
- View/Upload Documents
- View definitions of programs

### View/Upload Documents

View or Upload Your Documents

[Read the Requirements](#)

[VIEW/UPLOAD DOCUMENTS](#)

By Mail

Attach the [cover sheet](#) and mail your documents to:

**Oklahoma Health Care Authority**  
PO Box 548804  
Oklahoma City, OK 73154

Bring your documents to an Office

[See the complete list](#)

### Give Us Your Feedback

We want to serve you better. Please [click here](#) to take a survey about your experience with this application.

### Other Programs

- [Voter Registration](#)
- [OKJobMatch.com](#)
- [Food Stamps](#)
- [Federally Facilitated Marketplace](#)

**Take a picture on your phone for easy access**

**Contact the SoonerCare Helpline at  
1-800-987-7767 for additional assistance.**