



PROGRAM ELIGIBILITY BY FEDERAL POVERTY LEVEL

PLAN YEAR 2017

You may qualify for a Covered California plan with financial assistance, or free or low-cost Medi-Cal, depending on your household income and family size.

		PREMIUM ASSISTANCE											
		AMERICAN INDIAN / ALASKA NATIVE PLANS											
		ENHANCED SILVER PLANS (100%-250%)											
		SILVER 94 (100%-150%)			SILVER 87 (>150%-200%)			SILVER 73 (>200%-250%)					
% OF FPL		100%	≤ 138%	> 138%	150%	200%	> 213%	250%	≤ 266%	> 266%	300%	≤ 322%	400%
HOUSEHOLD SIZE	1	\$11,880	\$16,643	\$16,644	\$17,820	\$23,760	\$25,688	\$29,700	\$32,080	\$32,081	\$35,640	\$38,834	\$47,520
	2	\$16,020	\$22,412	\$22,413	\$24,030	\$32,040	\$34,592	\$40,050	\$43,199	\$43,200	\$48,060	\$52,293	\$64,080
	3	\$20,160	\$28,180	\$28,181	\$30,240	\$40,320	\$43,495	\$50,400	\$54,318	\$54,319	\$60,480	\$65,753	\$80,640
	4	\$24,300	\$33,948	\$33,949	\$36,450	\$48,600	\$52,398	\$60,750	\$65,436	\$65,437	\$72,900	\$79,212	\$97,200
	5	\$28,440	\$39,717	\$39,718	\$42,660	\$56,880	\$61,302	\$71,100	\$76,555	\$76,556	\$85,320	\$92,672	\$113,760
	6	\$32,580	\$45,485	\$45,486	\$48,870	\$65,160	\$70,205	\$81,450	\$87,674	\$87,675	\$97,740	\$106,132	\$130,320
	7	\$36,730	\$51,254	\$51,255	\$55,095	\$73,460	\$79,109	\$91,825	\$98,793	\$98,794	\$110,190	\$119,591	\$146,920
	8	\$40,890	\$57,022	\$57,023	\$61,335	\$81,780	\$88,012	\$102,225	\$10,9912	\$109,913	\$122,670	\$133,051	\$163,560
	each additional person, add	\$4,160	\$5,769	\$5,770	\$6,240	\$8,320	\$8,904	\$10,400	\$11,119	\$11,120	\$12,480	\$13,460	\$16,640
		MEDI-CAL FOR ADULTS					MEDI-CAL ACCESS PROGRAM (FOR PREGNANT WOMEN)						
		MEDI-CAL FOR KIDS (0-18 yrs.)											COUNTY CHILDREN'S HEALTH INITIATIVE PROGRAM