



# PROGRAM ELIGIBILITY BY FEDERAL POVERTY LEVEL

PLAN YEAR 2018

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	\$12,060	\$16,643	\$16,644	\$18,090	\$24,120	\$25,688	\$30,150	\$32,080	\$32,081	\$36,180	\$38,833	\$48,240
	2	\$16,240	\$22,411	\$22,412	\$24,360	\$32,480	\$34,591	\$40,600	\$43,198	\$43,199	\$48,720	\$52,293	\$64,960
	3	\$20,420	\$28,180	\$28,181	\$30,630	\$40,840	\$43,495	\$51,050	\$54,317	\$54,318	\$61,260	\$65,752	\$81,680
	4	\$24,600	\$33,948	\$33,949	\$36,900	\$49,200	\$52,398	\$61,500	\$65,436	\$65,437	\$73,800	\$79,212	\$98,400
	5	\$28,780	\$39,716	\$39,717	\$43,170	\$57,560	\$61,301	\$71,950	\$76,555	\$76,556	\$86,340	\$92,672	\$115,120
	6	\$32,960	\$45,485	\$45,486	\$49,440	\$65,920	\$70,205	\$82,400	\$87,674	\$87,675	\$98,880	\$106,131	\$131,840
	7	\$37,140	\$51,253	\$51,254	\$55,710	\$74,280	\$79,108	\$92,850	\$98,792	\$98,793	\$111,420	\$119,591	\$148,560
	8	\$41,320	\$57,022	\$57,023	\$61,980	\$82,640	\$88,012	\$103,300	\$109,911	\$109,911	\$123,960	\$133,050	\$165,280
	each additional person, add	\$4,180	\$5,768	\$5,769	\$6,270	\$8,360	\$8,903	\$10,450	\$11,119	\$11,120	\$12,540	\$13,460	\$16,720
		MEDI-CAL FOR ADULTS					MEDI-CAL ACCESS PROGRAM (FOR PREGNANT WOMEN)						
		MEDI-CAL FOR KIDS (0-18 yrs.)										COUNTY CHILDREN'S HEALTH INITIATIVE PROGRAM	