



## 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. This table will be updated in spring of 2017.

		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%	
<b>HOUSEHOLD SIZE</b>	1	\$11,880	\$16,394	\$16,395	\$17,820	\$23,760	\$25,305	\$29,700	\$31,600	\$31,601	\$35,640	\$38,253	\$47,520
	2	\$16,020	\$22,107	\$22,108	\$24,030	\$32,040	\$34,123	\$40,050	\$42,613	\$42,614	\$48,060	\$51,584	\$64,080
	3	\$20,160	\$27,820	\$27,821	\$30,240	\$40,320	\$42,941	\$50,400	\$53,625	\$53,626	\$60,480	\$64,915	\$80,640
	4	\$24,300	\$33,534	\$33,535	\$36,450	\$48,600	\$51,760	\$60,750	\$64,638	\$64,639	\$72,900	\$78,246	\$97,200
	5	\$28,440	\$39,247	\$39,248	\$42,660	\$56,880	\$60,578	\$71,100	\$75,650	\$75,651	\$85,320	\$91,576	\$113,760
	6	\$32,580	\$44,960	\$44,961	\$48,870	\$65,160	\$69,396	\$81,450	\$86,662	\$86,663	\$97,740	\$104,907	\$130,320
	7	\$36,730	\$50,687	\$50,688	\$55,095	\$73,460	\$78,235	\$91,825	\$97,701	\$97,702	\$110,190	\$118,270	\$146,920
	8	\$40,890	\$56,428	\$56,429	\$61,335	\$81,780	\$87,096	\$102,225	\$108,767	\$108,768	\$122,670	\$131,665	\$163,560
	each additional person, add	\$4,160	\$5,741	\$5,742	\$6,240	\$8,320	\$8,861	\$10,400	\$11,066	\$11,067	\$12,480	\$13,396	\$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	