

## 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.

HOUSEHOLD SIZE	% OF FPL	PREMIUM ASSISTANCE													
		100%	≤ 138%	> 138%	150%	SILVER 87 (150%-200%)	200%	> 213%	250%	≤ 266%	> 266%	300%	≤ 322%	400%	
		AMERICAN INDIAN / ALASKA NATIVE PLANS													
		ENHANCED SILVER PLANS (100%-250%)													
		SILVER 94 (100%-150%)		SILVER 87 (150%-200%)		SILVER 73 (200%-250%)									
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 FOR KIDS (0-18 yrs.)													
		MEDI-CAL ACCESS PROGRAM (FOR PREGNANT WOMEN)													
		COUNTY CHILDREN'S HEALTH INITIATIVE PROGRAM													

