



# Income Guidelines

use through October 2016

You may be eligible for Medi-Cal or Low-Income Health Plan.

Whether you qualify for financial assistance depends on your household income and family size. See the charts below to help determine if you qualify for financial help.

This chart is the Federal Poverty Level Guidelines for the 2016 Benefit Year. View the chart to help determine if you qualify.

Program Eligibility by Federal Poverty Level (FPL) for 2016 Coverage Year													
Household Size	Eligible for Premium Tax Credit (PTC) (≥100% to ≤400%)												
	MAGI Medi-Cal for Children under Age 19 (≤ 266%) (No PTC)									County Children's Health Initiative Program (C-CHIP) (> 266% to ≤ 322%) (No PTC)			
	MAGI Medi-Cal for Pregnant Women (M9) (> 138% to ≤ 213%) (No PTC)			Medi-Cal Access Program (MCAP) (> 213% to ≤ 322%) (No PTC)									
	Enhanced Silver Benefits (Cost-Sharing Reduction)												
	94% (≥100% to ≤150%)		87% (>150% to ≤200%)		73% (>200% to ≤250%)								
	100%	≤ 138%	> 138%	150%	200%	≤ 213%	> 213%	250%	≤ 266%	>266%	300%	≤322%	400%
1	\$11,770	\$16,394	\$16,395	\$17,655	\$23,540	\$25,304	\$25,305	\$29,425	\$31,600	\$31,601	\$35,310	\$38,253	\$47,080
2	\$15,930	\$22,107	\$22,108	\$23,895	\$31,860	\$34,122	\$34,123	\$39,825	\$42,613	\$42,614	\$47,790	\$51,584	\$63,720
3	\$20,090	\$27,820	\$27,821	\$30,135	\$40,180	\$42,940	\$42,941	\$50,225	\$53,625	\$53,626	\$60,270	\$64,915	\$80,360
4	\$24,250	\$33,534	\$33,535	\$36,375	\$48,500	\$51,759	\$51,760	\$60,625	\$64,638	\$64,639	\$72,750	\$78,246	\$97,000
5	\$28,410	\$39,247	\$39,248	\$42,615	\$56,820	\$60,577	\$60,578	\$71,025	\$75,650	\$75,651	\$85,230	\$91,576	\$113,640
6	\$32,570	\$44,960	\$44,961	\$48,855	\$65,140	\$69,395	\$69,396	\$81,425	\$86,662	\$86,663	\$97,710	\$104,907	\$130,280
7	\$36,730	\$50,687	\$50,688	\$55,095	\$73,460	\$78,234	\$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	\$87,095	\$87,096	\$102,225	\$108,767	\$108,768	\$122,670	\$131,665	\$163,560
For each additional person, add	\$4,160	\$5,741	\$5,742	\$6,240	\$8,320	\$8,860	\$8,861	\$10,400	\$11,066	\$11,067	\$12,480	\$13,396	\$16,640

## Legend

Premium assistance through Covered California Medi-Cal