Program Eligibility by Federal Poverty Level for 2026

Your financial help and whether you qualify for various Covered California or Medi-Cal programs depends on your income, based on the Federal Poverty Level (FPL).

| | | | State Subsid %-165%) | dy | | | | | | | | | | | |
|---------------|----------|---------------------|-------------------------|--|-----------------------------------|----------------------|-----------------|-----------|--|-----------------|-----------|--|---|-----------|--|
| | | | | Federal Premium Tax Credit* | | | | | | | | | | | |
| (iji) | | | | American Indian / Alaska Native (AIAN (100%-300%) | | | | | N) Zero Cost Sharing | | | | AIAN Limited Cost Sharing **(over 300%) | | |
| COVERED | | | | Silver 94 Silver 87 (100%-150%) (>150%-200%) | | Silver 73 (>200%) | | | | | | | | | |
| % FPL | 100% | 138% | DHCS mo 138% | 150% | 200% | 213% | DHCS mo 213% | 250% | 266% | DHCS mo 266% | 300% | 322% | DHCS mo 322% | 400%* | |
| 1 | \$15,650 | \$21,597 | \$1,801 | \$23,475 | \$31,300 | \$33,335 | \$2,780 | \$39,125 | \$41,629 | \$3,472 | \$46,950 | \$50,393 | \$4,203 | \$62,600 | |
| 2 | \$21,150 | \$29,187 | \$2,433 | \$31,725 | \$42,300 | \$45,050 | \$3,756 | \$52,875 | \$56,259 | \$4,690 | \$63,450 | \$68,103 | \$5,677 | \$84,600 | |
| 3 | \$26,650 | \$36,777 | \$3,065 | \$39,975 | \$53,300 | \$56,765 | \$4,731 | \$66,625 | \$70,889 | \$5,908 | \$79,950 | \$85,813 | \$7,152 | \$106,600 | |
| e Size | \$32,150 | \$44,367 | \$3,699 | \$48,225 | \$64,300 | \$68,480 | \$5,709 | \$80,375 | \$85,519 | \$7,129 | \$96,450 | \$103,523 | \$8,630 | \$128,600 | |
| Household 2 | \$37,650 | \$51,957 | \$4,331 | \$56,475 | \$75,300 | \$80,195 | \$6,684 | \$94,125 | \$100,149 | \$8,348 | \$112,950 | \$121,233 | \$10,105 | \$150,600 | |
| 6 | \$43,150 | \$59,547 | \$4,963 | \$64,725 | \$86,300 | \$91,910 | \$7,660 | \$107,875 | \$114,779 | \$9,566 | \$129,450 | \$138,943 | \$11,580 | \$172,600 | |
| 7 | \$48,650 | \$67,137 | \$5,596 | \$72,975 | \$97,300 | \$103,625 | \$8,638 | \$121,625 | \$129,409 | \$10,787 | \$145,950 | \$156,653 | \$13,058 | \$194,600 | |
| 8 | \$54,150 | \$74,727 | \$6,228 | \$81,225 | \$108,300 | \$115,340 | \$9,613 | \$135,375 | \$144,039 | \$12,005 | \$162,450 | \$174,363 | \$14,532 | \$216,600 | |
| add'l, add | \$5,500 | \$7,590 | \$634 | \$8,250 | \$11,000 | \$11,715 | \$978 | \$13,750 | \$14,630 | \$1,221 | \$16,500 | \$17,710 | \$1,478 | \$22,000 | |
| * | Me | Medi-Cal for Adults | | | Medi-Cal for Pregnant Individuals | | | | Medi-Cal Access Progran (for Pregnant Individuals | | | | | | |
| /ledi-Cal | | | | | Medi-Cal for Kids (0-18 Yrs.) | | | Mated | | | | (San Francisco, San o, and Santa Clara unty residents) | | | |

Note: Most consumers up to 138% FPL will be eligible for Medi-Cal. If ineligible for Medi-Cal, consumers may qualify for a Covered California health plan with financial help including: federal premium tax credit, Enhanced Silver (94, 87, 73) plans and Zero Cost Sharing and Limited Cost Sharing AlAN plans.

Enhanced Silver 94, 87 and 73 plans have no deductibles, and lower co-pays and out-of-pocket maximum costs.

Medi-Cal monthly values are provided above, for reference. Source: <u>DHCS ACWDL 25-01</u>

^{*}Consumers with income above 400% FPL are not eligible for a federal premium tax credit.

^{**} AI/AN members with household incomes above 300% FPL will be eligible for the Limited Cost Sharing and the Silver 73.

The cost of your Covered California premium is based on your household's Federal Poverty Level percentage and the cost of the plans available where you live.

| Percentage of income paid for premiums, based on household FPL Based on second-lowest-cost Silver plan | | | | | | | |
|--|-------------------------------------|--|--|--|--|--|--|
| Household FPL Percentage | Percent of Income | | | | | | |
| Under 138% FPL | 0% household income | | | | | | |
| 138%-150% FPL | 0% household income | | | | | | |
| Above 150% - 165% FPL | 3.19%-3.91% household income | | | | | | |
| Above 165% but under 200% FPL | 4.91%-6.60% household income | | | | | | |
| 200% but under 250% FPL | 6.60%-8.44% household income | | | | | | |
| 250% but under 300% FPL | 8.44%-9.96% household income | | | | | | |
| 300%-400% FPL | 9.96% household income | | | | | | |



Covered California Programs

The unshaded column headings are associated with eligibility ranges for Covered California programs and financial help:

Covered California uses FPL limits from the previous year to determine eligibility for its programs.

Federal Premium Tax Credit

Silver 94

100%–400% FPL

100%–150% FPL

over 150%–200% FPL

Silver 73

over 200% FPL

AlAN Zero Cost Sharing

100%–300% FPL

AlAN Limited Cost Sharing**

over 300% FPL

California State Subsidy

100%-165% FPL

**Al/AN members with household incomes above 300% FPL will be eligible for the Limited Cost Sharing and the Silver 73

Medi-Cal Programs

counties)



The column headings shaded in orange are associated with eligibility ranges for Medi-Cal programs:

Medi-Cal uses FPL limits for the current year, <u>as calculated by the Department of Health Care Services</u>, to determine eligibility for its programs.

Medi-Cal for Adults up to 138% FPL

Medi-Cal for Children up to 266% FPL

Medi-Cal for Pregnant Individuals up to 213% FPL

MCAP (for Pregnant Individuals) over 213%–322% FPL

CCHIP (for Children in San Mateo,
San Francisco, and Santa Clara