

Income Guideline Chart Effective April 1, 2015 through March 31, 2016

Family Size	Infant 0 to 1		Child Age 1 to 5		Child Age 6 to 19	
	208% Medi-Cal	266% MC-TLIP	142% Medi-Cal	266% MC-TLIP	133% Medi-Cal	266% MC-TLIP
1	\$2,040	\$2,041 - \$2,609	\$1,393	\$1,394 - \$2,609	\$1,305	\$1,306 - \$2,609
2	\$2,761	\$2,762 - \$3,531	\$1,885	\$1,886 - \$3,531	\$1,766	\$1,767 - \$3,531
3	\$3,482	\$3,483 - \$4,453	\$2,377	\$2,378 - \$4,453	\$2,227	\$2,228 - \$4,453
4	\$4,203	\$4,204 - \$5,375	\$2,870	\$2,871 - \$5,375	\$2,688	\$2,689 - \$5,375
5	\$4,924	\$4,925 - \$6,298	\$3,362	\$3,363 - \$6,298	\$3,149	\$3,150 - \$6,298
6	\$5,645	\$5,646 - \$7,220	\$3,854	\$3,855 - \$7,220	\$3,610	\$3,611 - \$7,220
7	\$6,367	\$6,368 - \$8,142	\$4,346	\$4,347 - \$8,142	\$4,071	\$4,072 - \$8,142
Each additional person, add						
	\$721	\$922	\$492	\$922	\$461	\$922

Kaiser Child Health Plan - Follows Open Enrollment Date under Covered CA

Family Size	Must not be eligible for Medi-Cal or Covered CA		
	0-138% (\$0 Premiums)	139-200% (\$10 per child)	201-300% (\$20 per child)
1	\$1,354	\$1,355 - \$1,962	\$1,963 - \$2,943
2	\$1,832	\$1,833 - \$2,655	\$2,656 - \$3,983
3	\$2,310	\$2,311 - \$3,348	\$3,349 - \$5,023
4	\$2,789	\$2,790 - \$4,042	\$4,043 - \$6,063
5	\$3,267	\$3,268 - \$4,735	\$4,736 - \$7,103
6	\$3,746	\$3,747 - \$5,428	\$5,429 - \$8,143
7	\$4,224	\$4,225 - \$6,122	\$6,123 - \$9,183
Each additional person, add			
	\$0	\$693	\$1,040

Family Size	Pregnancy Related Programs	
	Formerly known as AIM 0-213% Presumptive Eligibility & Medi-Cal	Limited Scope Up to 322% Medi-Cal Access Program
Count pregnant women as 2		
2	\$2,828	\$2,829 - \$4,275
3	\$3,566	\$3,567 - \$5,391
4	\$4,304	\$4,305 - \$6,507
5	\$5,043	\$5,044 - \$7,623
6	\$5,781	\$5,782 - \$8,740
7	\$6,520	\$6,521 - \$9,856
Each additional person, add		
	\$738	\$1,116

Family Size	MAGI Medi-Cal for Pregnant Women (full scope)	Federal Poverty Level	MAGI Medi-Cal for Parents & Caregiver	MAGI Medi-Cal for Adults 19-64	Covered CA APTC/PTC and Cost Saving Reduction	Covered CA APTC/PTC
	60% FPL	100% FPL	109%FPL	138%FPL *(MY HEALTH LA)	250%FPL	400%FPL
1	\$589	\$981	\$1,069	\$1,354	\$2,452	\$3,923
2	\$797	\$1,328	\$1,447	\$1,832	\$3,319	\$5,310
3	\$1,005	\$1,674	\$1,825	\$2,310	\$4,185	\$6,697
4	\$1,213	\$2,021	\$2,203	\$2,789	\$5,052	\$8,083
5	\$1,421	\$2,368	\$2,581	\$3,267	\$5,919	\$9,470
6	\$1,629	\$2,714	\$2,958	\$3,746	\$6,785	\$10,857
7	\$1,837	\$3,061	\$3,336	\$4,224	\$7,652	\$12,243
Each additional person, add						
	\$208	\$347	\$378	\$479	\$868	\$1,388

* My Health LA available for those NOT eligible for Medi-Cal due to immigration status