	PREMIUM ASSISTANCE AMERICAN PRIMI / BLASA PATRIS PLANS									
(iti)	ENHANCED SEVER PLANS (000% 200%)								k.	
	SOVER 94 (0005-1000)			58,VER 87 (15/5-30/00)	\$EVER73 (0008-2000)					
NOTE	100%	DES	50%	200%	20%	250%	266%	300%	322%	400%
-1	\$12,060	\$4,754	\$16,090	\$24,000	\$25,859	\$10,750	\$12,293	\$36,360	\$19,091	\$48,240
2	\$14,240	\$22,76	\$24,960	\$12,480	\$15,060	\$40,600	\$43,784	\$48,720	\$33,002	\$64,960
)	\$20,000	\$25,677	\$30,600	\$40,840	\$44,262	\$3,050	\$5,25	\$61,260	\$66,912	\$0,660
	\$34,600	\$34,638	\$9,900	\$41,200	\$53,463	\$61,500	\$66,766	\$71,800	\$40,822	998,40
3	\$28,280	\$40,600	\$40,00	\$57,560	\$62,665	\$7,950	\$19,258	\$54,340	194,733	\$16,00
3 4 5 4	\$22,960	\$46,562	\$49,440	\$45,900	\$7,867	\$62,400	\$90,249	\$98,880	\$05,643	\$30,84
7	\$17340	\$52,525	\$55,710	\$74,280	\$80,068	\$92,850	\$10(340	\$11,420	\$22,554	\$148,56
	\$41,300	\$50,465	\$61,980	\$82,640	\$95,270	\$00,000	\$10,731	\$23,960	\$36,464	\$45,78
nich additional person, add	\$4,000	\$5,962	\$4,070	\$1,360	\$6302	\$10,450	\$1,40	\$0,540	\$3311	\$16,720
DHCS	MICH CALFOR ADULTS				MEDI	CAL ACCESS PO	OCRAM (FOR F	SECONAL WO	VE(N)	
8	MEDI-CAL FOR KIDS (0-18 yes.)							COUNTY CHILDREN'S HEALTH INITIATIVE PROCRAM		

Medi-Cal uses FPI, limits of the current year to determine eligibility for its programs. The column headings shaded in purple are associated with eligibility ranges for Medi-Cal programs:

Covered California uses FPL limits from the prior year to determine eligibility for its programs as required by regulation. The unshaded columns are associated with Covered California eligibility ranges:

Premium Assistance

100% - 400% FPL SOON - SOON ER

Mach Califor Adults

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Enhanced Silver iffans

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