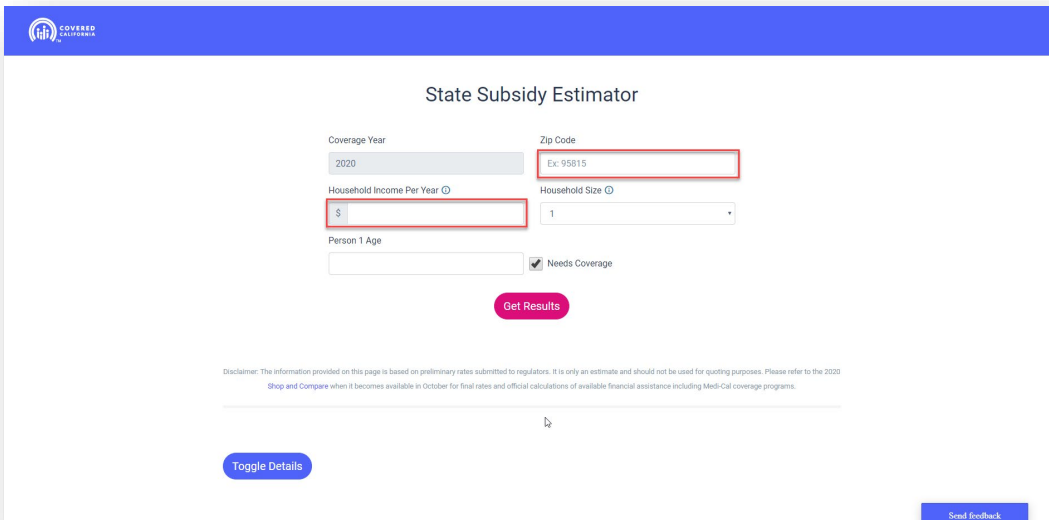


Covered California has developed an online [State Subsidy Estimator](#) for enrollers so they can help their consumers see what premium assistance may be available to them in the 2020 plan year. The estimator shows both potential federal Advanced Premium Tax Credit (APTC) and state subsidy financial help, in addition to all product offerings within each metal tier for the consumer's ZIP code. To help enrollers advise off-exchange consumers, the estimator shows plan pricing for off-exchange Silver mirrored plans available in the consumer's ZIP code.

Disclaimer: The information provided by the [State Subsidy Estimator](#) is based on preliminary rates submitted to regulators. It is only an estimate and should not be used for quoting purposes. Please refer to the 2020 [Shop and Compare](#) when it becomes available in October for final rates and official calculations of available financial assistance, including Medi-Cal coverage programs.

Create a Subsidy Estimate

1. Go to <https://subsidyestimator.coveredca.com/> and enter the consumer's ZIP code and annual household income.



The screenshot shows the "State Subsidy Estimator" form. It includes fields for Coverage Year (set to 2020), Zip Code (with an example "95815"), Household Income Per Year (with a dollar sign icon), Household Size (a dropdown menu set to 1), and Person 1 Age. There is a checkbox for "Needs Coverage" which is checked. A pink "Get Results" button is located below the form. At the bottom, there is a "Toggle Details" button and a "Send Feedback" button. A disclaimer is visible below the form fields.

State Subsidy Estimator

Coverage Year: 2020

Zip Code: Ex: 95815

Household Income Per Year: \$

Household Size: 1

Person 1 Age:

☒ Needs Coverage

Get Results

Disclaimer: The information provided on this page is based on preliminary rates submitted to regulators. It is only an estimate and should not be used for quoting purposes. Please refer to the 2020 [Shop and Compare](#) when it becomes available in October for final rates and official calculations of available financial assistance including Medi-Cal coverage programs.

Toggle Details

Send Feedback



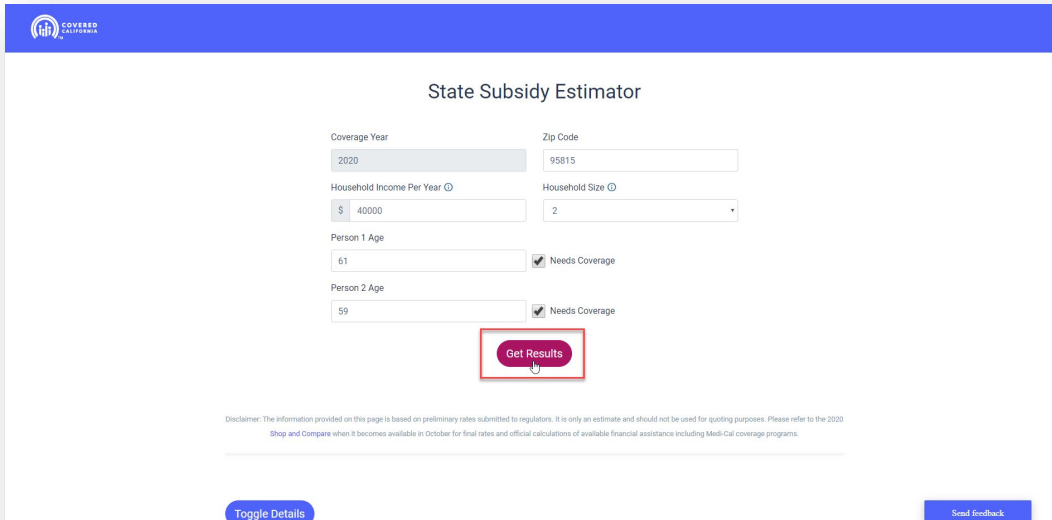
2. If there is more than one (1) member in the household, select the appropriate number from the “Household Size” drop-down.

The screenshot shows the "State Subsidy Estimator" form. The "Household Size" dropdown menu is open, displaying a list of numbers from 1 to 20. The number 1 is currently selected. A red box highlights the dropdown menu. The form includes fields for Coverage Year (2020), Zip Code (95815), Household Income Per Year (\$), Person 1 Age, and a "Get Results" button. A "Toggle Details" button is at the bottom left, and a "Send feedback" button is at the bottom right.

3. If a member of the household does *not* need coverage, unselect the “Needs Coverage” box next to that person.

The screenshot shows the "State Subsidy Estimator" form with the following details: Coverage Year (2020), Zip Code (95815), Household Income Per Year (\$ 40000), and Household Size (2). Under "Person 1 Age" (61), the "Needs Coverage" checkbox is checked. Under "Person 2 Age" (59), the "Needs Coverage" checkbox is unchecked and highlighted with a red box. The "Get Results" button is at the bottom center, and the "Send feedback" button is at the bottom right.

- Enter the age of every person in the household, and then click **“Get Results”**.



State Subsidy Estimator

Coverage Year: 2020 Zip Code: 95815

Household Income Per Year: \$ 40000 Household Size: 2

Person 1 Age: 61 ☒ Needs Coverage

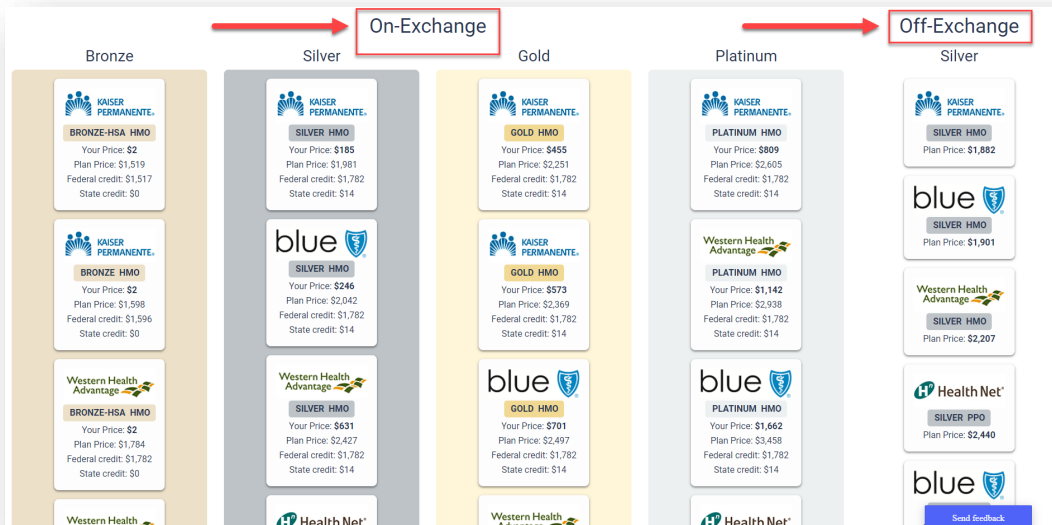
Person 2 Age: 59 ☒ Needs Coverage

Get Results

Disclaimer: The information provided on this page is based on preliminary rates submitted to regulators. It is only an estimate and should not be used for quoting purposes. Please refer to the 2020 Shop and Compare when it becomes available in October for final rates and official calculations of available financial assistance including Medi-Cal coverage programs.

[Toggle Details](#) [Send Feedback](#)

- Product offerings are organized by On-Exchange and Off-Exchange (Silver mirrored plans only).

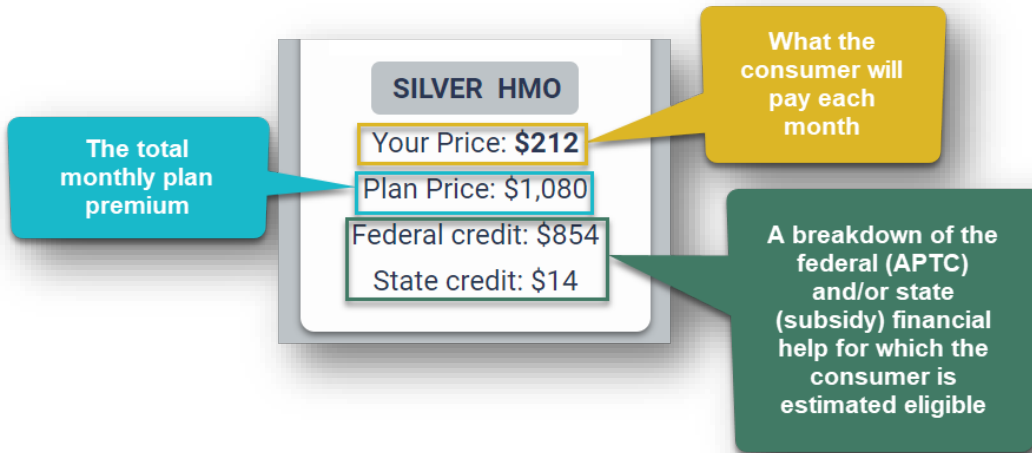


On-Exchange **Off-Exchange**

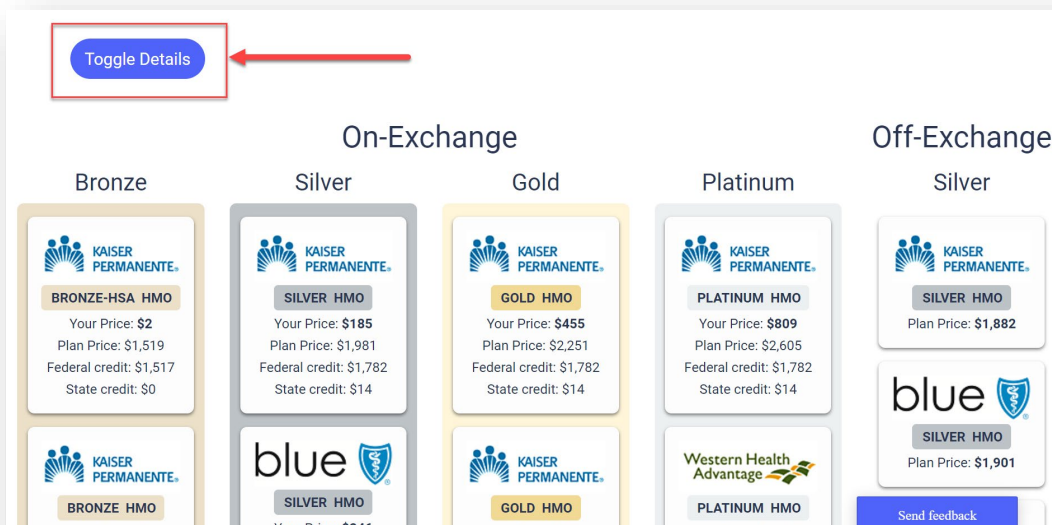
Bronze	Silver	Gold	Platinum	Silver
KAISER PERMANENTE BRONZE-HSA HMO Your Price: \$2 Plan Price: \$1,519 Federal credit: \$1,517 State credit: \$0	KAISER PERMANENTE SILVER HMO Your Price: \$185 Plan Price: \$1,981 Federal credit: \$1,782 State credit: \$14	KAISER PERMANENTE GOLD HMO Your Price: \$455 Plan Price: \$2,251 Federal credit: \$1,782 State credit: \$14	KAISER PERMANENTE PLATINUM HMO Your Price: \$809 Plan Price: \$2,605 Federal credit: \$1,782 State credit: \$14	KAISER PERMANENTE SILVER HMO Plan Price: \$1,882
KAISER PERMANENTE BRONZE HMO Your Price: \$2 Plan Price: \$1,598 Federal credit: \$1,596 State credit: \$0	blue SILVER HMO Your Price: \$246 Plan Price: \$2,042 Federal credit: \$1,782 State credit: \$14	KAISER PERMANENTE GOLD HMO Your Price: \$573 Plan Price: \$2,369 Federal credit: \$1,782 State credit: \$14	Western Health Advantage PLATINUM HMO Your Price: \$1,142 Plan Price: \$2,938 Federal credit: \$1,782 State credit: \$14	blue SILVER HMO Plan Price: \$1,901
Western Health Advantage BRONZE-HSA HMO Your Price: \$2 Plan Price: \$1,784 Federal credit: \$1,782 State credit: \$0	Western Health Advantage SILVER HMO Your Price: \$631 Plan Price: \$2,427 Federal credit: \$1,782 State credit: \$14	blue GOLD HMO Your Price: \$701 Plan Price: \$2,497 Federal credit: \$1,782 State credit: \$14	blue PLATINUM HMO Your Price: \$1,662 Plan Price: \$3,458 Federal credit: \$1,782 State credit: \$14	Western Health Advantage SILVER HMO Plan Price: \$2,207
Western Health BRONZE HMO Your Price: \$2 Plan Price: \$1,784 Federal credit: \$1,782 State credit: \$0	Health Net SILVER HMO Your Price: \$631 Plan Price: \$2,427 Federal credit: \$1,782 State credit: \$14	Western Health GOLD HMO Your Price: \$701 Plan Price: \$2,497 Federal credit: \$1,782 State credit: \$14	Health Net PLATINUM HMO Your Price: \$1,662 Plan Price: \$3,458 Federal credit: \$1,782 State credit: \$14	Health Net SILVER PPO Plan Price: \$2,440

[Send Feedback](#)

- Products are listed in order of ascending net premium. Each product tile shows the consumer's monthly out-of-pocket premium ("**Your Price**"), which is the amount left over after subtracting any estimated financial help ("**Federal credit**" and "**State credit**") from the gross monthly premium ("**Plan Price**").



- If you wish to see the calculations that produced the estimate, scroll up above "**On-Exchange**" and click "**Toggle Details**".



8. Full calculation details, including max contributions and the household annual income's precise percentage of the Federal Poverty Level (FPL), will appear.

Toggle Details

Income	\$40000
Household Size	2
Enrollment Size	2
Ages Under 19 to Medi-Cal	0
HH Rating Factor	5.413
FPL base	\$16910
FPL(%)	236.55%
Your max contribution after federal credits (% of income)	7.81%
Your max contribution after federal credits (monthly \$)	\$260
Your max contribution after state credits (% of income)	7.38%
Your max contribution after state credits (monthly \$)	\$246
Cost of 2nd Lowest Silver Benchmark	\$2042
Federal Credit you are eligible for (max)	\$1782
State credit you are eligible for (max)	\$14