

DATE: January 21, 2025

TO: ALL COUNTY WELFARE DIRECTORS Letter No.:25-01
ALL COUNTY WELFARE ADMINISTRATIVE OFFICERS
ALL COUNTY MEDI-CAL PROGRAM SPECIALISTS/LIAISONS
ALL COUNTY HEALTH EXECUTIVES
ALL COUNTY MENTAL HEALTH DIRECTORS
ALL COUNTY MEDS LIAISONS

SUBJECT: 2025 FEDERAL POVERTY LEVELS

The enclosed charts provide the 2025 poverty level ceilings for Medi-Cal, Medi-Cal Access Program (MCAP), MCAP-Linked Infants, and County Children's Health Initiative Program (C-CHIP). C-CHIP is available in San Francisco, Santa Clara, and San Mateo counties only. These ceilings are derived from the annual Federal Poverty Level (FPL) figures updated annually in the Federal Register by the U.S. Department of Health and Human Services. In this All County Welfare Directors Letter (ACWDL), the Department of Health Care Services (DHCS) is providing 2025 monthly FPL values (Enclosure 1) as well as 2025 annual FPL values (Enclosure 2), Program Descriptions by FPL (Enclosure 3) and the annual mailer sent to Medi-Cal members who are potentially impacted by 2025 FPL figures (Enclosure 4).

Counties must review all denials and discontinuances for the following groups back to the date specified for each group and re-evaluate eligibility based on the revised FPL figures (see attached enclosures).

- For applicants and recipients of the Medicare Savings Programs (MSP), Qualified Medicare Beneficiary, Specified Low-Income Medicare Beneficiary, and Qualified Individual who do not receive Title II Retirement Survivors and Disability Insurance (RSDI) income, the counties must apply the new FPL figures retroactively to January 1, 2025.
- For MSP applicants or recipients who are receiving Title II RSDI income, the effective date for the new FPLs is March 1, 2025.
- For individuals who are eligible for the Aged, Blind and Disabled (ABD) FPL programs and the 250% Working Disabled Program (WDP), the effective date of the revised FPL figures is April 1, 2025.
- For applicants and recipients whose Medi-Cal is determined based upon Modified Adjusted Gross Income (MAGI) methodologies, the new FPL figures are effective January 1, 2025.

Upon request from the Medi-Cal member, the Medi-Cal member's parent or legal guardian, or the Medi-Cal member's authorized representative, counties shall retroactively change eligibility for the following circumstances:

- Advance Premium Tax Credit (APTC) individuals
 - APTC eligible individuals, who are redetermined eligible for Medi-Cal using the 2025 FPL figures, may be eligible for retroactive Medi-Cal. The county shall only retroactively change eligibility for APTC individuals who did not enroll in a Qualified Health Plan (QHP), did not pay a premium, or who did enroll in a QHP and pay a premium, but have Medi-Cal covered medical or dental expenses that were not covered by their QHP during the retroactive period.
 - APTC eligible individuals, described above, may be eligible for retroactive Medi-Cal out-of-pocket expense reimbursements (Conlan). Please see MEDIL [I 07-02](#) for additional information about the Conlan process.

Note: The Centers for Medicare and Medicaid Services has decided that there will be no reimbursement for premiums paid to Covered California QHPs. The notice sent by DHCS will state that no Covered California QHP premium reimbursements will be available. Please see [ACWDL 16-08](#) for instructions on determining retroactive Medi-Cal coverage when an individual is transitioning from Covered California coverage.

- Individuals with a Share-of-Cost (SOC)
 - Individuals who are redetermined eligible with zero SOC or with a resulting lower SOC Medi-Cal, when using the 2025 FPLs, who had out of pocket expenses for covered medical or dental services, may be eligible for retroactive expense reimbursements (Conlan).
 - Please reference the [DHCS website](#) and [MEDIL I 07-02](#) for additional information about the Conlan process.

Please note: DHCS is coordinating implementation of the 2025 FPLs in the California Healthcare Eligibility Enrollment and Retention System (CalHEERS) and California Statewide Automated Welfare System (CalSAWS). DHCS anticipates the CalHEERS system and CalSAWS system will be updated with the annual 2025 FPL amounts during the month of February of 2025.

Letter No.:25-01
Page 3
January 21, 2025

DHCS will send a notice to MAGI Medi-Cal members potentially impacted by the change to inform them of the FPL increase to allow them an opportunity to request a re-evaluation from the county.

If you have other questions on the annual FPL process, please contact the Medi-Cal Eligibility Division (MCED) Policy inbox at MCED-Policy@dhcs.ca.gov.

Original Signed By:

Theresa Hasbrouck, Chief
Policy Development Branch

Enclosures

2025 FPL Calculation Chart (Monthly Values)

Enclosure 1

Family Size	100% FPL		MONTHLY FPL VALUES (Rounded up to next higher dollar)										
	Annual FPL	Monthly FPL	60%	100%	108%	109%	114%	120%	128%	133%	135%	138%	142%
1	15650	1305	783	1305	1410	1423	1488	1566	1671	1736	1762	1801	1854
2	21150	1763	1058	1763	1905	1922	2010	2116	2257	2345	2381	2433	2504
2 Adults	21150	1763	1058	1763	1905	1922	2010	2116	2257	2345	2381	2433	2504
3	26650	2221	1333	2221	2399	2421	2532	2666	2843	2954	2999	3065	3154
4	32150	2680	1608	2680	2895	2922	3056	3216	3431	3565	3618	3699	3806
5	37650	3138	1883	3138	3390	3421	3578	3766	4017	4174	4237	4331	4456
6	43150	3596	2158	3596	3884	3920	4100	4316	4603	4783	4855	4963	5107
7	48650	4055	2433	4055	4380	4420	4623	4866	5191	5394	5475	5596	5759
8	54150	4513	2708	4513	4875	4920	5145	5416	5777	6003	6093	6228	6409
9	59650	4971	2983	4971	5369	5419	5667	5966	6363	6612	6711	6860	7059
10	65150	5430	3258	5430	5865	5919	6191	6516	6951	7222	7331	7494	7711
11	70650	5888	3533	5888	6360	6418	6713	7066	7537	7832	7949	8126	8361
12	76150	6346	3808	6346	6854	6918	7235	7616	8123	8441	8568	8758	9012
Ea Add'l	5500	459	276	459	496	501	524	551	588	611	620	634	652

Family Size	100% FPL		MONTHLY FPL VALUES (Rounded up to next higher dollar)											
	Annual FPL	Monthly FPL	150%	160%	185%	200%	202%	208%	213%	250%	266%	322%	400%	600%
1	15650	1305	1958	2088	2415	2610	2637	2715	2780	3263	3472	4203	5220	7830
2	21150	1763	2645	2821	3262	3526	3562	3668	3756	4408	4690	5677	7052	10578
2 Adults	21150	1763	2645	2821	3262	3526	3562	3668	3756	4408	4690	5677	7052	10578
3	26650	2221	3332	3554	4109	4442	4487	4620	4731	5553	5908	7152	8884	13326
4	32150	2680	4020	4288	4958	5360	5414	5575	5709	6700	7129	8630	10720	16080
5	37650	3138	4707	5021	5806	6276	6339	6528	6684	7845	8348	10105	12552	18828
6	43150	3596	5394	5754	6653	7192	7264	7480	7660	8990	9566	11580	14384	21576
7	48650	4055	6083	6488	7502	8110	8192	8435	8638	10138	10787	13058	16220	24330
8	54150	4513	6770	7221	8350	9026	9117	9388	9613	11283	12005	14532	18052	27078
9	59650	4971	7457	7954	9197	9942	10042	10340	10589	12428	13223	16007	19884	29826
10	65150	5430	8145	8688	10046	10860	10969	11295	11566	13575	14444	17485	21720	32580
11	70650	5888	8832	9421	10893	11776	11894	12248	12542	14720	15663	18960	23552	35328
12	76150	6346	9519	10154	11741	12692	12819	13200	13517	15865	16881	20435	25384	38076
Ea Add'l	5500	459	689	735	850	918	928	955	978	1148	1221	1478	1836	2754

2025 FPL Calculation Chart (Annual Values) Enclosure 2

	100% FPL	ANNUAL FPL VALUES (Rounded up to next higher dollar)										
Family Size	Annual FPL	60%	100%	108%	109%	114%	120%	128%	133%	135%	138%	142%
1	15650	9390	15650	16902	17059	17841	18780	20032	20815	21128	21597	22223
2	21150	12690	21150	22842	23054	24111	25380	27072	28130	28553	29187	30033
2 Adults	21150	12690	21150	22842	23054	24111	25380	27072	28130	28553	29187	30033
3	26650	15990	26650	28782	29049	30381	31980	34112	35445	35978	36777	37843
4	32150	19290	32150	34722	35044	36651	38580	41152	42760	43403	44367	45653
5	37650	22590	37650	40662	41039	42921	45180	48192	50075	50828	51957	53463
6	43150	25890	43150	46602	47034	49191	51780	55232	57390	58253	59547	61273
7	48650	29190	48650	52542	53029	55461	58380	62272	64705	65678	67137	69083
8	54150	32490	54150	58482	59024	61731	64980	69312	72020	73103	74727	76893
9	59650	35790	59650	64422	65019	68001	71580	76352	79335	80528	82317	84703
10	65150	39090	65150	70362	71014	74271	78180	83392	86650	87953	89907	92513
11	70650	42390	70650	76302	77009	80541	84780	90432	93965	95378	97497	100323
12	76150	45690	76150	82242	83004	86811	91380	97472	101280	102803	105087	108133
Ea Add'l	5500	3300	5500	5940	5995	6270	6600	7040	7315	7425	7590	7810

	100% FPL	ANNUAL FPL VALUES (Rounded up to next higher dollar)											
Family Size	Annual FPL	150%	160%	185%	200%	202%	208%	213%	250%	266%	322%	400%	600%
1	15650	23475	25040	28953	31300	31613	32552	33335	39125	41629	50393	62600	93900
2	21150	31725	33840	39128	42300	42723	43992	45050	52875	56259	68103	84600	126900
2 Adults	21150	31725	33840	39128	42300	42723	43992	45050	52875	56259	68103	84600	126900
3	26650	39975	42640	49303	53300	53833	55432	56765	66625	70889	85813	106600	159900
4	32150	48225	51440	59478	64300	64943	66872	68480	80375	85519	103523	128600	192900
5	37650	56475	60240	69653	75300	76053	78312	80195	94125	100149	121233	150600	225900
6	43150	64725	69040	79828	86300	87163	89752	91910	107875	114779	138943	172600	258900
7	48650	72975	77840	90003	97300	98273	101192	103625	121625	129409	156653	194600	291900
8	54150	81225	86640	100178	108300	109383	112632	115340	135375	144039	174363	216600	324900
9	59650	89475	95440	110353	119300	120493	124072	127055	149125	158669	192073	238600	357900
10	65150	97725	104240	120528	130300	131603	135512	138770	162875	173299	209783	260600	390900
11	70650	105975	113040	130703	141300	142713	146952	150485	176625	187929	227493	282600	423900
12	76150	114225	121840	140878	152300	153823	158392	162200	190375	202559	245203	304600	456900
Ea Add'l	5500	8250	8800	10175	11000	11110	11440	11715	13750	14630	17710	22000	33000

Program Descriptions by FPL Enclosure 3

100% FPL	= Qualified Medicare Beneficiary (QMB) Program
108% FPL	= ACA Title XXI CHIP Expansion Children Ages 6-19
109% FPL	= ACA Parents and Caretaker Relatives
114% FPL	= ACA Parents and Caretaker Relatives Not Eligible for the ACA New Adult Group due to non-Financial Eligibility Criteria such as 65 years of age or older or Enrollment in Medicare Parts A or B (109% FPL, Plus 5% MAGI Disregard)
120% FPL	= < Specified Low-Income Medicare Beneficiaries (SLMB)
128% FPL	= Disabled Individuals in New Adult Group
133% FPL	= ACA Children and Title XXI Expansion Children Ages 6-19
135% FPL	= < Qualified Individual 1 Program (QI-1)
138% FPL	= ACA New Adults Ages 19-64; and = FPL Program for Aged & Disabled

Program Descriptions by FPL Enclosure 3

142% FPL	= ACA and Title XXI Expansion Children Ages 1-6
160% FPL	= ACA Optional Targeted Low-Income Children (OTLIC) Program starting point for premiums
185% FPL	= Transitional Medi-Cal (TMC) (Pre-ACA)
200% FPL	= Qualified Working Disabled Individuals = Refugee Medical Assistance (RMA)
202% FPL	= Transitional Medi-Cal (TMC) (Post ACA) *(ACWDL will be released when implemented)
208% FPL	= ACA and Title XXI Expansion Infants Ages 0-1
213% FPL	= Full-Scope Coverage for ACA Pregnant Persons
Above 213% to 322% FPL	= Medi-Cal Access Program (MCAP) = Medi-Cal Access Infant Program (MCAIP)
250% FPL	= Working Disabled Program
266% FPL	= ACA OTLIC
Above 266% to FPL	= County Children's Health Initiative Program (C-CHIP)

Program Descriptions by FPL Enclosure 3

400+% FPL	= Unsubsidized Coverage
\$35.00	= Maintenance Need for Resident in LTC Facility

Notes: “=” means: eligible if budget unit income is equal to or less than income limit

“<” means: eligible if budget unit income is less than income limit

“>” means: eligible if budget unit income is greater than income limit

- MSP includes Qualified Medicare Beneficiary (QMB), Specified Low-Income Beneficiary (SLMB) and Qualified Individual (QI-1) Programs.
- For applicants and recipients of the Medicare Savings Programs (MSPs) *not* receiving RSDI Title II Income, the FPL figures are effective January 1, 2025.
- For applicants and recipients of MSPs receiving RSDI Title II income, the new FPL figures are effective March 1, 2025.

You may qualify for no-cost or low-cost Medi-Cal coverage under the new 2025 income limits

Dear Covered California Member or Medi-Cal Beneficiary,

Medi-Cal income levels have changed for 2025. You may qualify for no-cost or low-cost Medi-Cal and may be able to switch plans if you currently:

- Have Medi-Cal with a Share of Cost
- Buy medical insurance to end your Medi-Cal Share of Cost
- Pay a premium (monthly cost) for your Medi-Cal or Covered California plan

There may be financial benefits if you switch plans.

If you want to keep your current health coverage

If you want to keep the health coverage you have now, you do not need to do anything.

If you qualify for no-cost Medi-Cal

You may be able to get a refund for some of your past Medi-Cal premiums. If you paid for services when you had a Share of Cost, you may also be able to get back some of what you paid.

To learn more and find out if you qualify:

- Call your local county office. Tell them you got this letter. Ask for an “eligibility redetermination.” To get the phone number for your local county office, call **1-800-541-5555**. You can also find their number on the Department of Health Care Services website at: <http://dhcs.ca.gov/COL>.

If you have a Covered California health plan

You may qualify for no-cost or low-cost Medi-Cal. You might save money if you switch to Medi-Cal. You cannot get a refund for Covered California premiums you paid. But you will save money in the future. With Medi-Cal, you may qualify for refunds for certain out-of-pocket expenses. You might have to change your health plan and/or your doctor if you switch to Medi-Cal.

To learn more and find out if you qualify:

- Call Covered California at **1-855-312-3250** (TTY: 1-800-889-4500). Tell them you got this letter. Ask for an “eligibility redetermination.” The Customer Service Representative should explain how to get a redetermination.

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