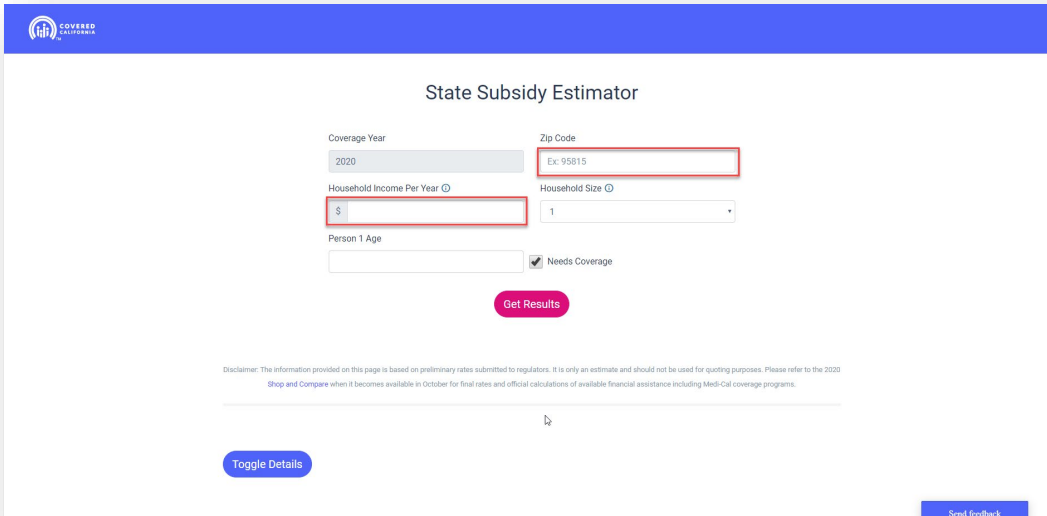


Covered California has developed an online [State Subsidy Estimator](#) for enrollers so they can help their consumers see what premium assistance may be available to them in the 2020 plan year. The estimator shows both potential federal Advanced Premium Tax Credit (APTC) and state subsidy financial 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

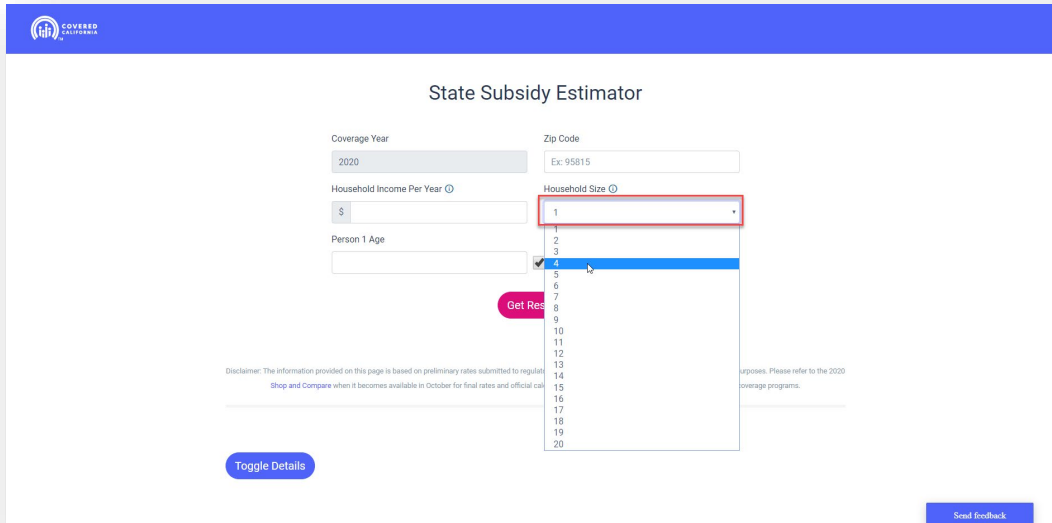
1. Go to <https://subsidyestimator.coveredca.com/> and enter the consumer's ZIP code and annual household income.



The screenshot shows the 'State Subsidy Estimator' web form. The form includes the following fields and controls:

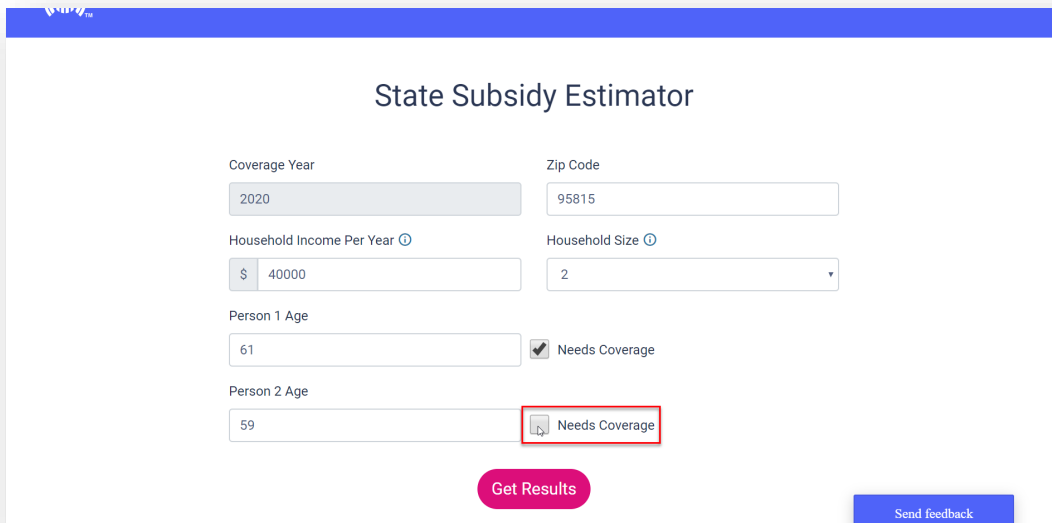
- Coverage Year:** A dropdown menu with '2020' selected.
- Zip Code:** A text input field containing 'Ex: 95815'.
- Household Income Per Year:** A text input field with a dollar sign (\$) and a red box around it.
- Household Size:** A dropdown menu with '1' selected.
- Person 1 Age:** A text input field.
- Needs Coverage:** A checkbox that is checked.
- Get Results:** A pink button.
- Disclaimer:** A small text block below the form stating: "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:** A blue button at the bottom left.
- Send Feedback:** A blue button at the bottom right.

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



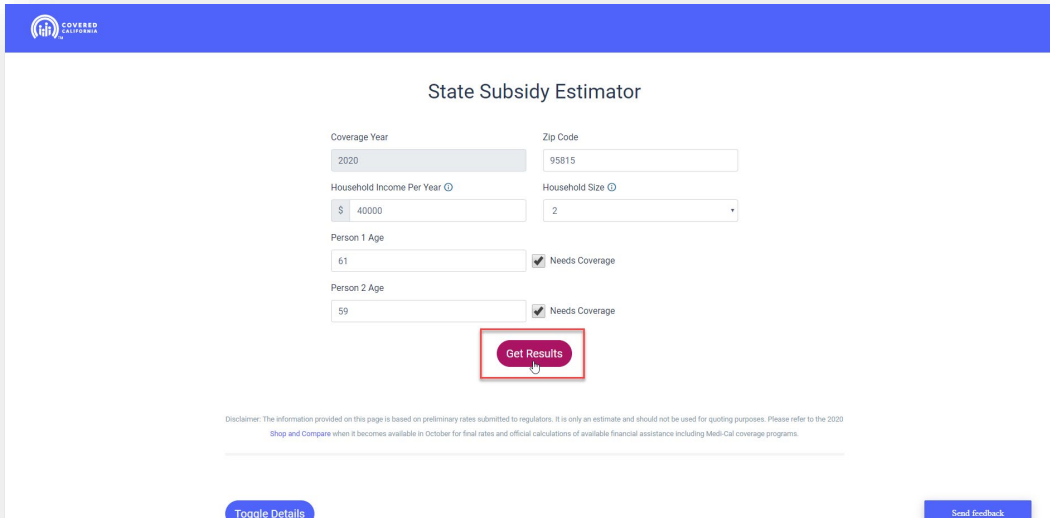
The screenshot shows the 'State Subsidy Estimator' form. The 'Household Size' dropdown menu is open, showing a list of numbers from 1 to 20. The number '1' is currently selected and highlighted in blue. A red box highlights the dropdown menu. Other fields include 'Coverage Year' (2020), 'Zip Code' (Ex: 95815), 'Household Income Per Year' (\$), and 'Person 1 Age'. A 'Get Results' button is visible below the dropdown menu.

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

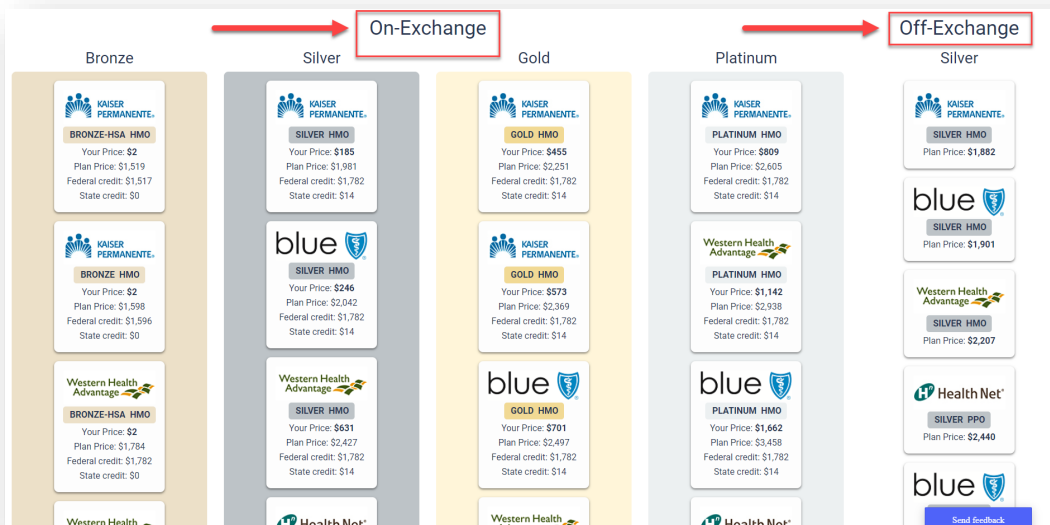


The screenshot shows the 'State Subsidy Estimator' form. The 'Household Size' dropdown menu is set to '2'. The 'Person 1 Age' is '61' and the 'Needs Coverage' checkbox is checked. The 'Person 2 Age' is '59' and the 'Needs Coverage' checkbox is unselected. A red box highlights the 'Needs Coverage' checkbox for Person 2. Other fields include 'Coverage Year' (2020), 'Zip Code' (95815), and 'Household Income Per Year' (\$ 40000). A 'Get Results' button is visible below the form.

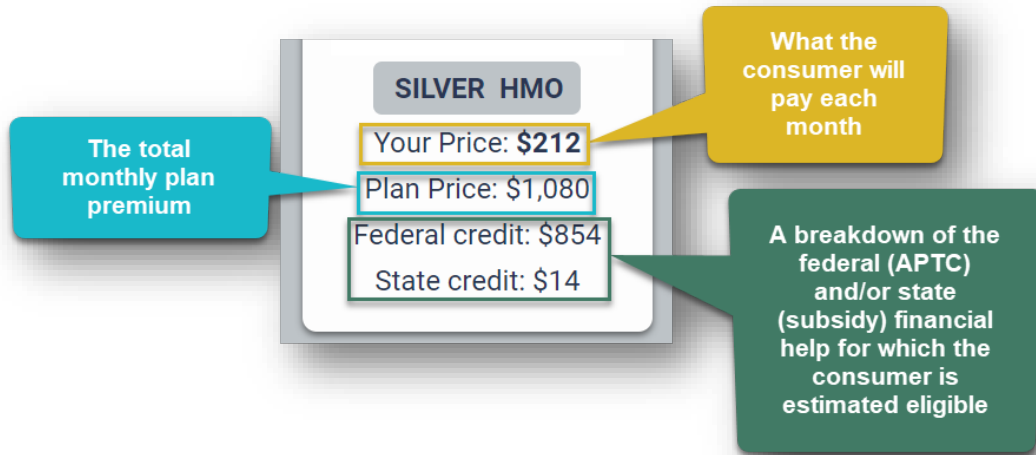
- Enter the age of every person in the household, and then click **“Get Results”**.



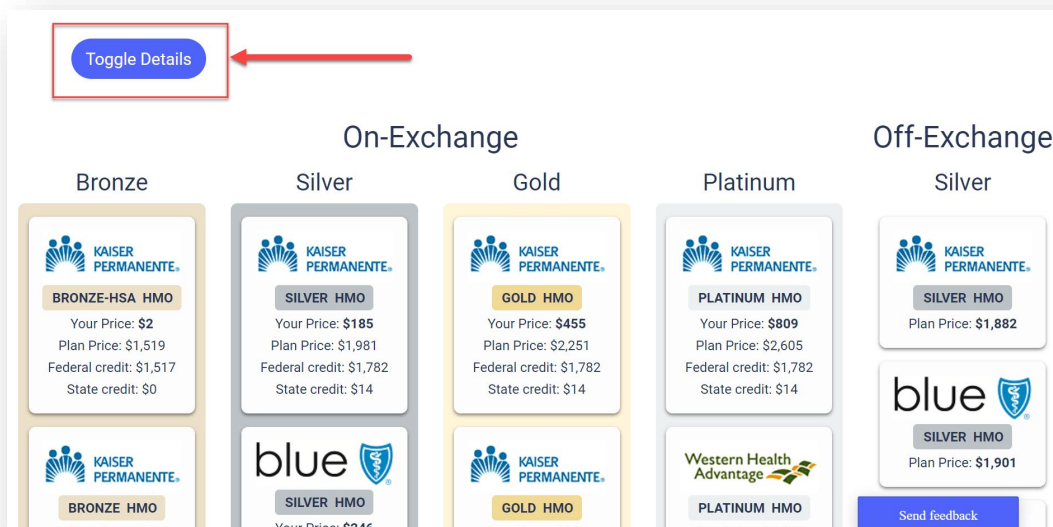
- Product offerings are organized by On-Exchange and Off-Exchange (Silver mirrored plans only).



- 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