What am I likely eligible for?

In the chart below, first find your family size and follow that row over to the dollar amounts. If you earn less than the maximum yearly income shown in one of the columns, you may be eligible for that coverage.

Family Size	Oregon Health Plan *(OHP)*	Tax Credits and Cost-Sharing Reductions *(1st Level)*	OHP for Pregnant Women	Tax Credits and Cost-Sharing Reductions *(2nd Level)*	Tax Credits and Cost-Sharing Reductions *(3rd Level)*	OHP for Kids	Tax Credits
1	$16,394	$17,820	$22,572	$23,760	$29,700	$36,234	$47,520
2	$22,108	$24,030	$30,438	$32,040	$40,050	$48,861	$64,080
3	$27,821	$30,240	$38,304	$40,320	$50,400	$61,488	$80,640
4	$33,534	$36,450	$46,170	$48,600	$60,750	$74,115	$97,200
5	$39,247	$42,660	$54,036	$56,880	$71,100	$86,742	$113,760
6	$44,960	$48,870	$61,902	$65,160	$81,450	$99,369	$130,320
7	$50,687	$55,095	$69,787	$73,460	$91,825	$112,027	$146,920
8	$56,428	$61,335	$77,691	$81,780	$102,225	$124,715	$163,560
9	$62,169	$67,575	$85,595	$90,100	$112,625	$137,403	$180,200
10	$67,910	$73,815	$93,499	$98,420	$123,025	$150,091	$196,840

**This chart provides only an ESTIMATE of an individual or family's likely eligibility.*

For information or questions about the Oregon Health Plan call **1-800-699-9075** (toll-free) or visit **OregonHealthCare.gov**.

For information and questions about private health insurance, go to **HealthCare.gov** or call **1-800-318-2596** *(toll-free) (TTY: 1-855-889-4325).*

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