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 income amount listed in one column, you may be eligible for that coverage or assistance.

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 Under 19	Tax Credits
	MONTHLY GROSS INCOME	ANNUAL GROSS INCOME	MONTHLY GROSS INCOME	ANNUAL GROSS INCOME	ANNUAL GROSS INCOME	MONTHLY GROSS INCOME	ANNUAL GROSS INCOME
1	$1,396	$18,090	Plus one per each expected baby	$24,120	$30,150	$3,086	$48,240
2	$1,893	$24,360	$2,606	$32,480	$40,600	$4,184	$64,960
3	$2,390	$30,630	$3,290	$40,840	$51,050	$5,282	$81,680
4	$2,887	$36,900	$3,974	$49,200	$61,500	$6,380	$98,400
5	$3,383	$43,170	$4,658	$57,560	$71,950	$7,478	$115,120
6	$3,880	$49,440	$5,342	$65,920	$82,400	$8,576	$131,840
7	$4,377	$55,710	$6,026	$74,280	$92,850	$9,674	$148,560
8	$4,874	$61,980	$6,710	$82,640	$103,300	$10,772	$165,280
9	$5,371	$68,250	$7,394	$91,000	$113,750	$11,870	$182,000
10	$5,868	$74,520	$8,078	$99,360	$124,200	$12,968	$198,720

*Oregon Health Plan eligibility is based on gross monthly income. The Marketplace bases eligibility on estimated gross annual income.

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

*This chart is valid 3/1/2018 - 10/31/2018. An updated version will be available at OregonHealthCare.gov at that time.

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

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

To find FREE local in-person assistance visit **OregonHealthCare.gov** or call **855-268-3767** (toll-free).

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STATE OF OREGON

OREGON HEALTH INSURANCE MARKETPLACE