EXPLORE YOUR HEALTH COVERAGE OPTIONS

EXPLORE HEALTH

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.

Premium Tax Credits (100-400%)

American Indian/Alaska Native (AI/AN) Zero Cost Sharing (100-300%) | **AI/AN Limited Cost Sharing** (over 300%)

Cost-sharing Reductions (100-250%)

Family Size: Federal Poverty Level	100%	133%	138%	190%	200%	205%	250%	300%	305%	400%
1	$15,960 $1,330/mo	$21,227 $1,769/mo	$22,025 $1,835/mo	Plus one per each expected baby	$31,920 $2,660/mo	$32,718 $2,727/mo	$39,900 $3,325/mo	$47,880 $3,990/mo	$48,678 $4,057/mo	$63,840 $5,320/mo
2	$21,640 $1,803/mo	$28,781 $2,398/mo	$29,863 $2,489/mo	$41,116 $3,426/mo	$43,280 $3,607/mo	$44,362 $3,697/mo	$54,100 $4,508/mo	$64,920 $5,410/mo	$66,002 $5,500/mo	$86,560 $7,213/mo
3	$27,320 $2,277/mo	$36,336 $3,028/mo	$37,702 $3,142/mo	$51,908 $4,237/mo	$54,640 $4,553/mo	$56,006 $4,667/mo	$68,300 $5,692/mo	$81,960 $6,830/mo	$83,326 $6,944/mo	$109,280 $9,107/mo
4	$33,000 $2,750/mo	$43,890 $3,658/mo	$45,540 $3,795/mo	$62,700 $5,225/mo	$66,000 $5,500/mo	$67,650 $5,638/mo	$82,500 $6,875/mo	$99,000 $8,250/mo	$100,650 $8,388/mo	$132,000 $11,000/mo
5	$38,680 $3,223/mo	$51,444 $4,287/mo	$53,378 $4,448/mo	$73,492 $6,124/mo	$77,360 $6,447/mo	$79,294 $6,608/mo	$96,700 $8,058/mo	$116,040 $9,670/mo	$117,974 $9,831/mo	$154,720 $12,893/mo
6	$44,360 $3,697/mo	$58,999 $4,917/mo	$61,217 $5,101/mo	$84,284 $7,024/mo	$88,720 $7,393/mo	$90,938 $7,578/mo	$110,900 $9,242/mo	$133,080 $11,090/mo	$135,298 $11,275/mo	$177,440 $14,787/mo
7	$50,040 $4,170/mo	$66,553 $5,546/mo	$69,055 $5,755/mo	$95,076 $7,923/mo	$100,080 $8,340/mo	$102,582 $8,549/mo	$125,100 $10,425/mo	$150,120 $12,510/mo	$152,622 $12,719/mo	$200,160 $16,680/mo

Oregon Health Plan (OHP) (0-138%)

OHP for Pregnant People (139-190%)

OHP for Kids Under 19 (139-305%)

OHP Bridge for Adults 19-64 (133-200%)[1]

OHP Bridge for AI/AN (133-205%)

[1]OHP Bridge - Basic Health Program (BHP) income limits are 133-200% using annual income. American Indians and Alaska Natives whose income is below 205% monthly will qualify for OHP Bridge - Basic Medicaid. To learn about these programs visit OHP.Oregon.gov/Bridge. This chart does not represent eligibility for all OHP programs.

OHP eligibility is based on gross monthly income. The Marketplace bases eligibility on estimated gross annual income. These income guidelines are approximate and for informational use only. You should complete an application to determine your actual eligibility. OHP begins using 2026 federal poverty levels to consider eligibility on March 1, 2026. The Marketplace begins using 2026 federal poverty levels on Nov. 1, 2026 for the 2027 plan year. This chart is valid Nov. 1, 2026 to Feb. 28, 2027. An updated version will be available on ExploreHealthOR.gov at that time.

GET STARTED AT EXPLOREHEALTHOR.GOV

HIM-5063 (11/2026)

我可能有资格获得什么？

EXPLORE HEALTH

在下面的图表中，首先找到您的家庭人数，然后顺着该行找到相应的美元金额。如果您的收入低于某一列所列的收入金额，您可能有资格获得该保险或援助。

保费税收抵免额 (100-400%)

美洲印第安人/阿拉斯加原住民 (AI/AN) 零成本共享 (100-300%)

AI/AN 有限成本分摊 (超过300%)

费用分摊减免 (100-250%)

家庭人数 / 联邦贫困线	100%	133%	138%	190%	200%	205%	250%	300%	305%	400%
1	$15,960 $1,330/霁	$21,227 $1,769/霁	$22,025 $1,835/霁	每个待产宝宝另加一份	$31,920 $2,660/霁	$32,718 $2,727/霁	$39,900 $3,325/霁	$47,880 $3,990/霁	$48,678 $4,057/霁	$63,840 $5,320/霁
2	$21,640 $1,803/霁	$28,781 $2,398/霁	$29,863 $2,489/霁	$41,116 $3,426/霁	$43,280 $3,607/霁	$44,362 $3,697/霁	$54,100 $4,508/霁	$64,920 $5,410/霁	$66,002 $5,500/霁	$86,560 $7,213/霁
3	$27,320 $2,277/霁	$36,336 $3,028/霁	$37,702 $3,142/霁	$51,908 $4,237/霁	$54,640 $4,553/霁	$56,006 $4,667/霁	$68,300 $5,692/霁	$81,960 $6,830/霁	$83,326 $6,944/霁	$109,280 $9,107/霁
4	$33,000 $2,750/霁	$43,890 $3,658/霁	$45,540 $3,795/霁	$62,700 $5,225/霁	$66,000 $5,500/霁	$67,650 $5,638/霁	$82,500 $6,875/霁	$99,000 $8,250/霁	$100,650 $8,388/霁	$132,000 $11,000/霁
5	$38,680 $3,223/霁	$51,444 $4,287/霁	$53,378 $4,448/霁	$73,492 $6,124/霁	$77,360 $6,447/霁	$79,294 $6,608/霁	$96,700 $8,058/霁	$116,040 $9,670/霁	$117,974 $9,831/霁	$154,720 $12,893/霁
6	$44,360 $3,697/霁	$58,999 $4,917/霁	$61,217 $5,101/霁	$84,284 $7,024/霁	$88,720 $7,393/霁	$90,938 $7,578/霁	$110,900 $9,242/霁	$133,080 $11,090/霁	$135,298 $11,275/霁	$177,440 $14,787/霁
7	$50,040 $4,170/霁	$66,553 $5,546/霁	$69,055 $5,755/霁	$95,076 $7,923/霁	$100,080 $8,340/霁	$102,582 $8,549/霁	$125,100 $10,425/霁	$150,120 $12,510/霁	$152,622 $12,719/霁	$200,160 $16,680/霁

俄勒冈健康计划 (Oregon Health Plan, OHP) (0-138%)

适合孕妇的 OHP (139-190%)

适合 19 岁以下儿童的 OHP (139-305%)

19-64 岁成人 OHP Bridge (133-200%)[1]

人工智能/AN 的 OHP Bridge (133-205%)

[1]OHP Bridge - 基本医疗补助计划 (BHP) 的收入上限为年收入的 133-200%。/霁收入低于 205% 的美洲印第安人和阿拉斯加原住民有资格申请 OHP Bridge - 基本医疗补助计划。如需了解这些计划，请访问 OHP.Oregon.gov/Bridge。 此图表并不代表所有 OHP 计划的资格要求。

OHP 资格基于每/霁总收入。市场平台则根据预估年度总收入来评估资格。这些收入指南仅为估算值，仅供参考。您应该填写申请表以确定您的实际资格。OHP 将于 2026 年 3 /霁 1 日起采用 2026 年联邦贫困线标准来评估资格。医疗保险市场将于 2026 年 11 /霁 1 日起采用 2026 年联邦贫困线标准来评估 2027 计划年度的资格。此图表有效期为 2026 年 11 /霁 1 日至 2027 年 2 /霁 28 日。届时，ExploreHealthOR.gov 网站上将提供更新版本。

在 OREGONHEALTHCARE.GOV 网站上查找免费的本地帮助.