EXPLORE YOUR HEALTH COVERAGE OPTIONS

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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)

我可能有資格獲得什麼？

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在下面的圖表中，首先找到您的家庭人數，然後順著該行找到相應的美元金額。如果您的收入低於某一列所列的收入金額，您可能有資格獲得該保險或援助。

保費稅收抵免額 (100-400%)

美洲印第安人/阿拉斯加原住民 (AI/AN) 零費用分攤 (100-300%)

AI/AN 有限費用分攤 (超過 300%)

費用分攤減免 (100-250%)

家庭人數 / 聯邦貧困線	100%	133%	138%	190%	200%	205%	250%	300%	305%	400%
1	$15,960 $1,330/月	$21,227 $1,769/月	$22,025 $1,835/月	每個預產嬰兒加一個	$31,920 $2,660/月	$32,718 $2,727/月	$39,900 $3,325/月	$47,880 $3,990/月	$48,678 $4,057/月	$63,840 $5,320/月
2	$21,640 $1,803/月	$28,781 $2,398/月	$29,863 $2,489/月	$41,116 $3,426/月	$43,280 $3,607/月	$44,362 $3,697/月	$54,100 $4,508/月	$64,920 $5,410/月	$66,002 $5,500/月	$86,560 $7,213/月
3	$27,320 $2,277/月	$36,336 $3,028/月	$37,702 $3,142/月	$51,908 $4,237/月	$54,640 $4,553/月	$56,006 $4,667/月	$68,300 $5,692/月	$81,960 $6,830/月	$83,326 $6,944/月	$109,280 $9,107/月
4	$33,000 $2,750/月	$43,890 $3,658/月	$45,540 $3,795/月	$62,700 $5,225/月	$66,000 $5,500/月	$67,650 $5,638/月	$82,500 $6,875/月	$99,000 $8,250/月	$100,650 $8,388/月	$132,000 $11,000/月
5	$38,680 $3,223/月	$51,444 $4,287/月	$53,378 $4,448/月	$73,492 $6,124/月	$77,360 $6,447/月	$79,294 $6,608/月	$96,700 $8,058/月	$116,040 $9,670/月	$117,974 $9,831/月	$154,720 $12,893/月
6	$44,360 $3,697/月	$58,999 $4,917/月	$61,217 $5,101/月	$84,284 $7,024/月	$88,720 $7,393/月	$90,938 $7,578/月	$110,900 $9,242/月	$133,080 $11,090/月	$135,298 $11,275/月	$177,440 $14,787/月
7	$50,040 $4,170/月	$66,553 $5,546/月	$69,055 $5,755/月	$95,076 $7,923/月	$100,080 $8,340/月	$102,582 $8,549/月	$125,100 $10,425/月	$150,120 $12,510/月	$152,622 $12,719/月	$200,160 $16,680/月

奧勒岡健康計畫 (Oregon Health Plan, OHP) (0-138%)

適合孕婦的 OHP (139-190%)

適合 19 歲以下兒童的 OHP (139-305%)

19-64歲成人 OHP Bridge (133-200%)[1]

AI/AN 代表 OHP Bridge (133-205%)

[1]1OHP Bridge - 基本健康計劃 (BHP) 收入限制為年收入的 133-200%。收入低於 205% 的美洲印第安人和阿拉斯加原住民將有資格享受 OHP Bridge – 基本 Medicaid。如需瞭解這些計畫，請造訪 OHP.Oregon.gov/Bridge。 此圖表並不代表所有 OHP 項目的資格要求。

俄勒岡州健康計劃 (OHP) 的資格取決於每月總收入。醫療保險市場則是根據預估的年總收入來決定資格。這些收入指南僅供參考，並非絕對準確。您應填寫申請表以確定您的實際資格。 OHP 將於 2026 年 3 月 1 日起採用 2026 年聯邦貧窮線標準來評估資格。醫療保險市場將於 2026 年 11 月 1 日起採用 2026 年聯邦貧窮線標準來評估 2027 計畫年度的資格。此圖表有效期限為 2026 年 11 月 1 日至 2027 年 2 月 28 日。屆時，ExploreHealthOR.gov 網站上將提供更新版本。

在 EXPLOREHEALTHOR.GOV 網站上查找免費的當地幫助。