

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.

Federal Poverty Level		Premium Tax Credits (no income limit)							
		Cost-Sharing Reductions				Members of federally recognized Tribes			
		Oregon Health Plan (OHP)		OHP for Pregnant People	OHP Bridge ¹	OHP for Kids Under 19			
		100%	138%	150%	190%	200%	250%	300%	305%
Family Size	1	\$15,060 \$1,255/mo	\$1,732/mo	\$26,355 \$1,882/mo	Plus one per each expected baby	\$30,120 \$2,510/mo	\$37,650 \$3,137/mo	\$45,180 \$3,765/mo	\$3,828/mo
	2	\$20,440 \$1,703/mo	\$2,351/mo	\$35,770 \$2,555/mo	\$3,237/mo	\$40,880 \$3,407/mo	\$51,100 \$4,258/mo	\$61,320 \$5,110/mo	\$5,196/mo
	3	\$25,820 \$2,152/mo	\$2,970/mo	\$38,730 \$3,227/mo	\$4,089/mo	\$51,640 \$4,304/mo	\$64,550 \$5,379/mo	\$77,460 \$6,455/mo	\$6,563/mo
	4	\$31,200 \$2,600/mo	\$3,588/mo	\$46,800 \$3,900/mo	\$4,940/mo	\$62,400 \$5,200/mo	\$78,000 \$6,500/mo	\$93,600 \$7,800/mo	\$7,930/mo
	5	\$36,580 \$3,049/mo	\$4,207/mo	\$54,870 \$4,572/mo	\$5,792/mo	\$73,160 \$6,097/mo	\$91,450 \$7,620/mo	\$109,740 \$9,145/mo	\$9,298/mo
	6	\$41,960 \$3,497/mo	\$4,826/mo	\$62,940 \$5,245/mo	\$6,644/mo	\$83,920 \$6,994/mo	\$104,900 \$8,741/mo	\$125,880 \$10,490/mo	\$10,665/mo
	7	\$47,340 \$3,945/mo	\$5,445/mo	\$71,010 \$5,917/mo	\$7,496/mo	\$94,680 \$7,890/mo	\$118,350 \$9,862/mo	\$142,020 \$11,835/mo	\$12,033/mo
	8	\$52,720 \$4,394/mo	\$6,063/mo	\$79,080 \$6,590/mo	\$8,348/mo	\$105,440 \$8,787/mo	\$131,800 \$10,983/mo	\$158,160 \$13,180/mo	\$13,400/mo
	9	\$58,100 \$4,842/mo	\$6,682/mo	\$87,150 \$7,262/mo	\$9,200/mo	\$116,200 \$9,684/mo	\$145,250 \$12,104/mo	\$174,300 \$14,525/mo	\$14,768/mo

¹OHP Bridge - Basic Health Program (BHP) income limit is 200%. American Indians and Alaska Natives whose income is below 205% will qualify for OHP Bridge - Basic Medicaid. To learn about these programs visit OHP.Oregon.gov/Bridge.

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. The Oregon Health Plan begins using 2024 federal poverty levels to consider eligibility on March 1, 2024. The Marketplace begins using 2024 federal poverty levels on Nov. 1, 2024 for the 2025 plan year. This chart is valid Nov. 1, 2024 to Feb. 28, 2025. An updated version will be available at OregonHealthCare.gov at that time.

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OREGON HEALTHCARE.GOV
855-268-3767 (toll-free)

我可能有資格獲得什麼？

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。

不符合 OHP 資格？ 您可能有資格透過市場 獲得經濟援助		保費稅收抵免額 (無收入限制)							
		費用分攤減免				聯邦承認的部落成員			
		零費用分攤		有限費用分攤		零費用分攤		有限費用分攤	
奧勒岡健康計畫 (Oregon Health Plan, OHP)		適合孕婦的 OHP		OHP Bridge ¹	適合 19 歲以下兒童的 OHP				
聯邦貧困線	100%	138%	150%	190%	200%	250%	300%	305%	
家庭人數	1	\$15,060 \$1,255/月	\$1,732/月	\$26,355 \$1,882/月	每個預產嬰兒加一個	\$30,120 \$2,510/月	\$37,650 \$3,137/月	\$45,180 \$3,765/月	\$3,828/月
	2	\$20,440 \$1,703/月	\$2,351/月	\$35,770 \$2,555/月		\$40,880 \$3,407/月	\$51,100 \$4,258/月	\$61,320 \$5,110/月	\$5,196/月
	3	\$25,820 \$2,152/月	\$2,970/月	\$38,730 \$3,227/月		\$51,640 \$4,304/月	\$64,550 \$5,379/月	\$77,460 \$6,455/月	\$6,563/月
	4	\$31,200 \$2,600/月	\$3,588/月	\$46,800 \$3,900/月		\$62,400 \$5,200/月	\$78,000 \$6,500/月	\$93,600 \$7,800/月	\$7,930/月
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	9	\$58,100 \$4,842/月	\$6,682/月	\$87,150 \$7,262/月		\$116,200 \$9,684/月	\$145,250 \$12,104/月	\$174,300 \$14,525/月	\$14,768/月

1 OHP Bridge – 基本健康計畫 (Basic Health Program, BHP) 的收入限額為 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。

奧勒岡健康計畫 (Oregon Health Plan) 的資格認證基於每月總收入。市場根據預估的年總收入確定資格。此圖表僅提供對個人或家庭可能資格的估算。奧勒岡健康計畫於 2024 年 3 月 1 日開始使用 2024 年聯邦貧困線來考慮資格。對於 2025 計畫年度，市場將於 2024 年 11 月 1 日開始使用 2024 年聯邦貧困線。此圖表的有效期為 2024 年 11 月 1 日至 2025 年 2 月 28 日。屆時，您可以在 OregonHealthCare.gov 網站上找到更新後的版本。

在 OregonHealthCare.gov 網站上查找免費的當地幫助

