

# 我可能有資格獲得什麼？



**OREGON HEALTHCARE.gov**  
☎ 855-268-3767 (toll-free)

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系列所列的收入金額，您可能資格獲得該保險或援助。

聯邦貧困線		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%)	
家庭人數		費用分攤減免 (100-250%)									
		100%	133%	138%	190%	200%	205%	250%	300%	305%	400%
1	\$15,650 \$1,304/月	\$20,815 \$1,735/月	\$21,997 \$1,800/月	每個預產嬰兒加一個	\$31,300 \$2,608/月	\$32,083 \$2,674/月	\$39,125 \$3,260/月	\$46,950 \$3,913/月	\$47,733 \$3,978/月	\$62,600 \$5,217/月	
2	\$21,150 \$1,763/月	\$28,130 \$2,344/月	\$29,187 \$2,433/月	\$40,185 \$3,349/月	\$42,300 \$3,525/月	\$43,358 \$3,614/月	\$52,875 \$4,406/月	\$63,450 \$5,288/月	\$64,508 \$5,376/月	\$84,600 \$7,050/月	
3	\$26,650 \$2,221/月	\$35,445 \$2,954/月	\$36,777 \$3,065/月	\$50,635 \$4,220/月	\$53,300 \$4,442/月	\$54,633 \$4,553/月	\$66,625 \$5,552/月	\$79,950 \$6,663/月	\$81,283 \$6,774/月	\$106,600 \$8,883/月	
4	\$32,150 \$2,679/月	\$42,760 \$3,563/月	\$44,367 \$3,698/月	\$61,085 \$5,091/月	\$64,300 \$5,358/月	\$65,908 \$5,493/月	\$80,375 \$6,698/月	\$96,450 \$8,038/月	\$98,058 \$8,172/月	\$128,600 \$10,717/月	
5	\$37,650 \$3,138/月	\$50,075 \$4,173/月	\$51,957 \$4,330/月	\$71,535 \$5,962/月	\$75,300 \$6,275/月	\$77,183 \$6,432/月	\$94,125 \$7,844/月	\$112,950 \$9,413/月	\$114,833 \$9,570/月	\$150,600 \$12,550/月	
6	\$43,150 \$3,596/月	\$57,390 \$4,782/月	\$59,547 \$4,963/月	\$81,985 \$6,833/月	\$86,300 \$7,192/月	\$88,458 \$7,372/月	\$107,875 \$8,990/月	\$129,450 \$10,788/月	\$131,608 \$10,968/月	\$172,600 \$14,383/月	
7	\$48,650 \$4,054/月	\$64,705 \$5,392/月	\$67,137 \$5,595/月	\$92,435 \$7,703/月	\$97,300 \$8,108/月	\$99,733 \$8,312/月	\$121,625 \$10,135/月	\$145,950 \$12,163/月	\$148,383 \$12,366/月	\$194,600 \$16,217/月	
8	\$54,150 \$4,513/月	\$72,020 \$6,002/月	\$74,727 \$6,228/月	\$102,885 \$8,574/月	\$108,300 \$9,025/月	\$111,008 \$9,251/月	\$135,375 \$11,281/月	\$162,450 \$13,538/月	\$165,158 \$13,764/月	\$216,600 \$18,050/月	
奧勒岡健康計畫 (Oregon Health Plan, OHP) (0-138%)				適合孕婦的 OHP (139-190%)		有特殊醫療保健需求的年輕人 (YSCHN 英文) (139-205%) <sup>1</sup>		適合 19 歲以下兒童的 OHP (139-305%)			
19-64歲成人 OHP Bridge (133-200%) <sup>1</sup>						AI/AN 代表 OHP Bridge (133-205%) <sup>1</sup>					

<sup>1</sup>OHP 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](http://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。這些收入指南僅供參考。您需要填寫申請表來確定您的實際資格。俄勒岡州健康計畫將從 2025 年 3 月 1 日開始使用 2025 年聯邦貧窮水準來確定資格。市場將於 2025 年 11 月 1 日開始使用 2025 年聯邦貧窮水準作為 2026 計畫年度的參考。此圖表有效期為 2025 年 11 月 1 日至 2026 年 2 月 28 日。

在 [OregonHealthCare.gov](http://OregonHealthCare.gov) 網站上查找免費的當地幫助。

# What am I likely eligible for?



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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%)									
Federal Poverty Level		100%	133%	138%	190%	200%	205%	250%	300%	305%	400%
Family Size	1	\$15,650 \$1,304/mo	\$20,815 \$1,735/mo	\$21,997 \$1,800/mo	Plus one per each expected baby	\$31,300 \$2,608/mo	\$32,083 \$2,674/mo	\$39,125 \$3,260/mo	\$46,950 \$3,913/mo	\$47,733 \$3,978/mo	\$62,600 \$5,217/mo
	2	\$21,150 \$1,763/mo	\$28,130 \$2,344/mo	\$29,187 \$2,433/mo	\$40,185 \$3,349/mo	\$42,300 \$3,525/mo	\$43,358 \$3,614/mo	\$52,875 \$4,406/mo	\$63,450 \$5,288/mo	\$64,508 \$5,376/mo	\$84,600 \$7,050/mo
	3	\$26,650 \$2,221/mo	\$35,445 \$2,954/mo	\$36,777 \$3,065/mo	\$50,635 \$4,220/mo	\$53,300 \$4,442/mo	\$54,633 \$4,553/mo	\$66,625 \$5,552/mo	\$79,950 \$6,663/mo	\$81,283 \$6,774/mo	\$106,600 \$8,883/mo
	4	\$32,150 \$2,679/mo	\$42,760 \$3,563/mo	\$44,367 \$3,698/mo	\$61,085 \$5,091/mo	\$64,300 \$5,358/mo	\$65,908 \$5,493/mo	\$80,375 \$6,698/mo	\$96,450 \$8,038/mo	\$98,058 \$8,172/mo	\$128,600 \$10,717/mo
	5	\$37,650 \$3,138/mo	\$50,075 \$4,173/mo	\$51,957 \$4,330/mo	\$71,535 \$5,962/mo	\$75,300 \$6,275/mo	\$77,183 \$6,432/mo	\$94,125 \$7,844/mo	\$112,950 \$9,413/mo	\$114,833 \$9,570/mo	\$150,600 \$12,550/mo
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	8	\$54,150 \$4,513/mo	\$72,020 \$6,002/mo	\$74,727 \$6,228/mo	\$102,885 \$8,574/mo	\$108,300 \$9,025/mo	\$111,008 \$9,251/mo	\$135,375 \$11,281/mo	\$162,450 \$13,538/mo	\$165,158 \$13,764/mo	\$216,600 \$18,050/mo
		Oregon Health Plan (OHP) (0-138%)			OHP for Pregnant People (139-190%)	OHP for Young Adults with Special Health Care Needs (YSCHN) (139-205%) <sup>1</sup>		OHP for Kids Under 19 (139-305%)			
		OHP Bridge for Adults 19-64 (133-200%) <sup>1</sup>					OHP Bridge for AI/AN (133-205%) <sup>1</sup>				

<sup>1</sup>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](https://OHP.Oregon.gov/Bridge).

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 2025 federal poverty levels to consider eligibility on March 1, 2025. The Marketplace begins using 2025 federal poverty levels on Nov. 1, 2025 for the 2026 plan year. This chart is valid Nov. 1, 2025 to Feb. 28, 2026. An updated version will be available at [OregonHealthCare.gov](https://OregonHealthCare.gov) at that time.

Find **free local help** on [OregonHealthCare.gov](https://OregonHealthCare.gov).