

SANTA CRUZ COUNTY HSA (ATP)

2026 Sliding Fee Discount Schedule

Instructions

1. Using the table below, find your household size down the left column.
2. Next, find your annual income range on that same line.
3. Last, Follow the income range column downward to the point that will tell you whether you might pay a nominal fee or a designated percentage of the charges.

2026 DHHS Poverty Guidelines

Household Size	1	100% Monthly	2	133% Monthly	3	166% Monthly	4	200% Monthly	Over 200%
	Less than or equal to	100%	Less than or equal to	133%	Less than or equal to	166%	Less than or equal to	200%	Unqualified
	\$ 15,960	\$ 1,330	\$ 21,227	\$ 1,768.90	\$ 26,494	\$ 2,207.80	\$ 31,920	\$ 2,660	\$31,301 and over
1	\$ 15,960	\$ 1,330	\$ 21,227	\$ 1,768.90	\$ 26,494	\$ 2,207.80	\$ 31,920	\$ 2,660	\$31,301 and over
2	\$ 21,640	\$ 1,803	\$ 28,781	\$ 2,398.43	\$ 35,922	\$ 2,993.53	\$ 43,280	\$ 3,607	\$42,301 and over
3	\$ 27,320	\$ 2,277	\$ 36,336	\$ 3,027.97	\$ 45,351	\$ 3,779.27	\$ 54,640	\$ 4,553	\$53,301 and over
4	\$ 33,000	\$ 2,750	\$ 43,890	\$ 3,657.50	\$ 54,780	\$ 4,565.00	\$ 66,000	\$ 5,500	\$64,301 and over
5	\$ 38,680	\$ 3,223	\$ 51,444	\$ 4,287.03	\$ 64,209	\$ 5,350.73	\$ 77,360	\$ 6,447	\$75,301 and over
6	\$ 44,360	\$ 3,697	\$ 58,999	\$ 4,916.57	\$ 73,638	\$ 6,136.47	\$ 88,720	\$ 7,393	\$86,301 and over
7	\$ 50,040	\$ 4,170	\$ 66,553	\$ 5,546.10	\$ 83,066	\$ 6,922.20	\$ 100,080	\$ 8,340	\$97,301 and over
8	\$ 55,720	\$ 4,643	\$ 74,108	\$ 6,175.63	\$ 92,495	\$ 7,707.93	\$ 111,440	\$ 9,287	\$108,301 and over
9	\$ 61,220	\$ 5,102	\$ 81,423	\$ 6,785.22	\$ 101,625	\$ 8,468.77	\$ 122,440	\$ 10,203	\$119,301 and over
10	\$ 66,720	\$ 5,560	\$ 88,738	\$ 7,394.80	\$ 110,755	\$ 9,229.60	\$ 133,440	\$ 11,120	\$130,301 and over
Office Visit Nominal Fee	\$20		\$35		\$45		\$55		100% of charges

Source: US Department of Health and Human Services, Effective February 1, 2026, <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>