

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

	1		2		3		4		
Household Size	Less than or equal to 100%	100% Monthly	Less than or equal to 133%	133% Monthly	Less than or equal to 166%	166% Monthly	Less than or equal to 200%	200% Monthly	Over 200% Unqualified
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>

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