SANTA CRUZ COUNTY HSA (ATP)

2026 Sliding Fee Discount Schedule

Instrucciones:

1. Usando la tabla a continuacion, encuentre el tamano de su hogar en la columna izquierda
2. A continuacion, encuentre su rango de ingresos anuales en esa misma linea.
3. Por ultimo, siga la columna del rango de ingresos hacia abajo hasta el punto que le indicara si puede pagar una tarifa nominalo un porcentaje designado de los cargos.

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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