TEXAS Health and Human Services

Primary Health Care Program
Optional Co-Pay Table Based on 2026 Monthly Federal Poverty Level (FPL)

Effective March 1, 2026

Family Size	Less Than or Equal to 100% of FPL $0 Co-pay	101% to 133% FPL $10 Co-pay	134% to 150% FPL $20 Co-pay	151% to 185% FPL $25 Co-pay	186% to 200% FPL $30 Co-pay
1	$0 to $1,330	$1,330.01 to $1,769	$1,769.01 to $1,995	$1,995.01 to $2,461	$2,461.01 to $2,660
2	$0 to $1,803	$1,803.01 to $2,398	$2,398.01 to $2,705	$2,705.01 to $3,336	$3,336.01 to $3,607
3	$0 to $2,277	$2,277.01 to $3,028	$3,028.01 to $3,415	$3,415.01 to $4,212	$4,212.01 to $4,553
4	$0 to $2,750	$2,750.01 to $3,658	$3,658.01 to $4,125	$4,125.01 to $5,088	$5,088.01 to $5,500
5	$0 to $3,223	$3,223.01 to $4,287	$4,287.01 to $4,835	$4,835.01 to $5,963	$5,963.01 to $6,447
6	$0 to $3,697	$3,697.01 to $4,917	$4,917.01 to $5,545	$5,545.01 to $6,839	$6,839.01 to $7,393
7	$0 to $4,170	$4,170.01 to $5,546	$5,546.01 to $6,255	$6,255.01 to $7,715	$7,715.01 to $8,340
8	$0 to $4,643	$4,643.01 to $6,176	$6,176.01 to $6,965	$6,965.01 to $8,590	$8,590.01 to $9,287
9	$0 to $5,117	$5,117.01 to $6,805	$6,805.01 to $7,675	$7,675.01 to $9,466	$9,466.01 to $10,233
10	$0 to $5,590	$5,590.01 to $7,435	$7,435.01 to $8,385	$8,385.01 to $10,342	$10,342.01 to $11,180

Note: No co-pay may be charged for a household whose income is below 100% of the FPL.

If a client self-declares an inability to pay, the contractor must not charge a co-pay. No client may be denied services based on an inability to pay. If a co-pay is charged, it may not exceed $30 or the cost of the visit or encounter, whichever is less. The FPL is calculated and published each calendar year at Poverty Guidelines.