



WE ARE SENDING YOU AN IMPORTANT TAX DOCUMENT

You or a family member did not get help paying for health insurance for some or all of 2015 and you might need this form for your federal tax return

You or a family member got health insurance through the Marketplace in 2015 but did not get help paying for it in some or all of 2015. Depending on your income, you might still be able to get help at tax time. Help will come in the form of a tax credit (also called the Premium Tax Credit or PTC) that could increase your refund or decrease the amount of taxes you owe for your 2015 federal income taxes.

When you complete your federal income tax return, use IRS Form 8962 to determine if you can get this help. If IRS Form 8962 tells you that your income is more than 400% of the Federal Poverty Line (FPL), you do not qualify for the help. You can get Form 8962 at www.irs.gov.

HERE IS HOW TO GET HELP **If your income is at or below 400% of the Federal Poverty Level (FPL), here is how to get help.** When you complete your federal tax return, fill out IRS Form 8962 using the enclosed Form 1095-A and the enclosed Premium Chart. IRS Form 8962 will tell you how much help you can get.

IT IS IMPORTANT FOR YOU TO KNOW...

WHY YOU MAY GET OTHER FORMS You will get one Form 1095-A for each Bronze, Silver, Gold or Platinum health plan you or a member of your family enrolled in during 2015. You will get more than one Form 1095-A if you had changes to your Marketplace coverage during 2015. Form 1095-A is not sent for Catastrophic plans or Medicaid or Child Health Plus plans because these plans are not eligible for tax credits.

Besides Form 1095-A, it is possible that you will get other important tax forms. These are **Forms 1095-B** and **1095-C**.

If you or a family member were enrolled in Medicaid or Child Health Plus in New York at some point in 2015, you will receive Form 1095-B from New York State. If you were enrolled in other types of coverage – such as a Catastrophic plan, Medicare Parts A or C, TRICARE, benefits from the Department of Veterans Affairs, or certain employer-sponsored health insurance – you will receive Form 1095-B or Form 1095-C from other sources. The Marketplace only provides the Form 1095-A and does not provide the Form 1095-B or Form 1095-C.

**HOW TO
GET ANSWERS
TO YOUR
QUESTIONS**

If you have questions about Form 1095-A, the tax credit or the Premium Chart, visit <http://info.nystateofhealth.ny.gov/TaxCredits> or call **Community Health Advocates' Helpline at 1-888-614-5400**.

If you think we made a mistake on your Form 1095-A, call NY State of Health **as soon as possible at 1-855-766-7860** so we can correct the record.

If you have a question about the 1095-B or 1095-C tax forms you may have received, call the number on those forms.

If you have questions about Form 8962 or other tax-related questions, visit www.irs.gov.

HOW TO USE THE ENCLOSED CHART TO FIND YOUR MONTHLY SLCSP PREMIUMS FOR FORM 8962

Step 1.

Find the county you lived in during each month of 2015.

Step 2.

Find the column heading (across) that best describes your coverage family. The list below will help you find the right heading.

Your coverage family includes everyone in your tax family who is enrolled in a Marketplace health plan and excludes anyone who was eligible for other coverage such as: Medicaid, Child Health Plus, Medicare Parts A or C, TRICARE, benefits from the Department of Veterans Affairs, and most employer sponsored coverage.

Step 3.

Select the dollar amount in the column opposite your county and this amount is the monthly SLCSP premium that applies to your county and coverage family each month.

If you moved from one county to another during 2015, you must pick the monthly premium for each month you lived in each county. And if your coverage family changed during 2015, you must pick the appropriate premium for each month. For more information about how to fill out this form, read IRS Publication 974 and the instructions to IRS Form 8962.

**YOUR COVERAGE
FAMILY INCLUDES ...**

USE COLUMN ...

YOU. You are the only person in your coverage family.

INDIVIDUAL

YOU plus SPOUSE. You and your spouse are in the same coverage family.

COUPLE

YOU plus SPOUSE. You and your spouse are enrolled in the same plan **but one of you had access to other MEC.**

INDIVIDUAL

YOU plus DOMESTIC PARTNER. You and your domestic partner are enrolled in the **same** plan but are in different coverage families.

INDIVIDUAL

YOU plus CHILD(REN). You and child(ren) are enrolled in the same plan.

INDIVIDUAL + CHILDREN

YOU plus a CHILD. You and a child are enrolled in the same plan **but your child had access to other MEC.**

INDIVIDUAL

YOU, SPOUSE plus CHILD(REN). You, your spouse or domestic partner and your child(ren) are enrolled in the same plan.

COUPLE + CHILDREN

A CHILD Only. Your child is not yet 21 and is enrolled in his or her own plan.

CHILD ONLY