

Tax Credits & Form 1095-A:

What Consumers and
Carriers,
Brokers,
and In Person Assistors
Should Know

January 7-8, 2015

Today's Webinar

- Dial in to the audio portion of the webinar using the telephone number on the Audio tab. Audio is transmitted through the telephone only, not through computer speakers.
- All participants will remain muted for the duration of the program.
- Questions can be submitted using the Q&A tab on your Webex control panel. Please submit each question only once, and try to keep succinct.
- A recording of the webinar and any related materials will be available online and emailed to all registrants.

Today's presentation will be delivered by:

Sara Rothstein

Director, Policy and Planning

NY State of Health

Agenda

- Premium Tax Credit Recap
- APTC Reconciliation
- Overview of Form 1095-A
- Common Questions
- Role and Responsibility of Assistors
- Tools for Assistors and Consumers
- Question & Answers

Premium Tax Credits: How To Get Them

- Subsidize QHP premium costs for eligible enrollees
- Two ways to get Premium Tax Credits (PTC)
 - APTC
 - Apply to NYSOH for financial assistance and use tax credits to lower monthly premium costs
 - Must be reconciled with IRS on federal tax return
 - PTC
 - Claimed through IRS on federal tax returns by eligible enrollees who were ineligible for, did not apply for, or choose not to use APTC at time of application

Premium Tax Credits: Eligibility Criteria

- Be an “Applicable Tax Payer”
 - Income $\geq 100\%$ and $\leq 400\%$ FPL
 - Cannot be claimed as a dependent on another person’s tax return
 - If married, file taxes jointly (some exceptions)
- Have a Coverage Month in the Marketplace
 - Enrolled in a Bronze, Silver, Gold or Platinum plan for one or more months during the tax year
 - No other Minimum Essential Coverage (MEC)
 - Pay premiums for each enrollment month PTC is claimed

Premium Tax Credits: Amount of Credits

- Amount of Tax Credit
 - The difference between the expected premium contribution (maximum amount a household would pay for coverage to be considered affordable) and applicable Second Lowest Cost Silver Plan (SLCSP)
 - If SLCSP premium is less than expected premium contribution, tax credit is \$0
- Amount of APTC is based on expected income during the tax year
- Amount of PTC is based on actual income during the tax year

Premium Tax Credits: Considerations

- Taking APTC or claiming PTC is optional
- A federal tax return must be filed by individuals who received APTC or want to claim PTC
 - Must file a Form 1040, Form 1040A, or Form 1040NR and attach Form 8962 (explained later)
 - Form 8962 cannot be filed with Form 1040EZ, 1040NR-EZ Form 1040-SS or Form 1040-PR

Financial Assistance: Reconciliation

- Only APTC is reconciled
 - APTC is only reconciled with the IRS
 - APTC is not reconciled with the Marketplace or health insurers
- No reconciliation for Cost Sharing Reductions
- No reconciliation for the State portion of APTC Premium Assistance

APTC Reconciliation

- Amount of APTC is based on estimated 2014 income
- When enrollees file their federal tax return, they will report actual 2014 income
- APTC taken by individual during the tax year is compared to the PTC based on actual 2014 income
 - If estimated income was lower than actual income, an enrollee might have to pay back all or some tax credits
 - If estimated income was higher than actual income, an enrollee might get additional tax credits

Example 1:

Additional Tax Credit Due to Enrollee

- Juan is an unmarried adult with no dependents. He lives in Queens and enrolled in a Marketplace plan for 12 months in 2014
- When Juan signed up for coverage, he estimated his 2014 income to be \$28,000 (244%FPL)
 - He was eligible for an APTC of \$111.46 per month and used the full amount towards his premium, for an annual total of \$1,337.52
- When Juan completes his federal tax return, his actual 2014 income is \$22,000 (191% FPL)
 - The amount of PTC he is eligible based on actual income is \$185.83 per month or \$2,229.96 for the year

Example 1 (continued): Additional Tax Credit Due to Enrollee

\$1337.52 Amount of ATPC Juan applied

\$2229.96 Amount of PTC Juan is eligible for*

+ \$892.44 Additional credit of \$892.44 will be
claimed on Juan's federal tax return

* Calculated with Form 8962 (discussed later)

APTC Reconciliation: Repayment Cap

- If an enrollee applied more APTC than they were eligible for based on actual income, they will have to repay some or all of the tax credit
- However, there is a limit on the amount that has to be repaid if household income is less than 400% FPL

HH income as FPL%	Single Taxpayer	Married filing jointly
< 200%	\$300	\$600
≥ 200% - < 300%	\$750	\$1,500
≥ 300% - < 400%	\$1,250	\$2,500
≥ 400%	No cap, must pay back all credits	No cap, must pay back all credits

Example 2: Repayment of APTCs

- Christine is an unmarried adult with no dependents, living in Albany, and enrolled in a QHP for 12 months in 2014
- When Christine signed up for coverage, she estimated her 2014 income to be \$20,000 (174%FPL)
 - She was eligible for an APTC of \$209.02 per month and used the full amount towards her premium, for an annual total of \$2,508.24
- When Christine completes her federal tax return, her actual 2014 income is \$26,000 (226%) FPL
 - The amount of PTC she is eligible for based on actual income is \$137.71 per month or \$1652.52 for the year

Example 2 (cont'd): Repayment of APTCs

\$2508.24 Amount of APTC Christine used

\$1652.52 Amount of PTC Christine is eligible for

- \$855.72 Difference between APTC used and PTC eligibility

\$750.00 Repayment cap for single adults $\geq 200\%$ FPL – 300% FPL. Christina will pay this amount to the IRS through her federal tax return. The process for calculating the excess credit is discussed later.

Process to Reconcile APTC & Claim PTC

Step 1: NYSOH sends 2014 enrollment information to QHP enrollees in January 2015

* Form 1095-A from NYSOH

Step 2: Consumers reconcile APTC or claim PTC on their federal tax return during tax filing season

* Use Form 1095-A from NYSOH to complete IRS Form 8962

Step 3: Consumers who took APTC or are claiming PTC must file their federal tax returns with the IRS during tax filing season

* IRS Form 1040 + IRS Form 8962

Form 1095-A

- New federal tax form to help taxpayers reconcile APTC/claim PTC
- Issued by the Marketplace to QHP enrollees in Bronze, Gold, Silver or Platinum plans
 - Not sent for Medicaid, CHP or Catastrophic plans
 - No separate form for Stand Alone Dental Plans

Part I Recipient Information

1 Marketplace identifier	2 Marketplace-assigned policy number	3 Policy issuer's name	
4 Recipient's name		5 Recipient's SSN	6 Recipient's date of birth
7 Recipient's spouse's name		8 Recipient's spouse's SSN	9 Recipient's spouse's date of birth
10 Policy start date	11 Policy termination date	12 Street address (including apartment no.)	
13 City or town	14 State or province	15 Country and ZIP or foreign postal code	

Part II Coverage Household

	A. Covered Individual Name	B. Covered Individual SSN	C. Covered Individual Date of Birth	D. Covered Individual Start Date	E. Covered Individual Termination Date
16					
17					
18					
19					
20					

Part III Household Information

Month	A. Monthly Premium Amount	B. Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP)	C. Monthly Advance Payment of Premium Tax Credit
21 January			
22 February			
23 March			
24 April			
25 May			
26 June			
27 July			
28 August			
29 September			
30 October			
31 November			
32 December			
33 Annual Totals			

Part I

- Recipient information

Part II

- Who was covered under this particular plan
- Coverage dates for each person for this plan

Part III

- EHB portion of QHP and Stand Alone Dental Plan premiums
- SLCSP premium for the coverage household for policies that used APTC
- APTC taken, if applicable

Form 1095-A

- In Part III, SLCSP premium is only provided when APTC is used
- For Forms 1095-A with no APTC, recipients need to look up their monthly SLCSP premiums
 - The Marketplace will provide a table of SCLCSP premiums with these forms

**2014 Monthly Premium Amount of Second Lowest Cost Silver Plans (SLCSPs),
By Coverage Family Type**

COUNTY	Individual	Couple	Individual + Child(ren)	Couple + Child(ren)	Child Only*
Albany	\$294.14	\$588.28	\$500.04	\$838.30	\$140.92
Allegany	\$355.01	\$710.02	\$603.52	\$1,011.78	\$175.46
Bronx	\$365.28	\$730.57	\$620.98	\$1,041.06	\$158.70
Broome	\$401.40	\$802.81	\$682.39	\$1,144.01	\$185.65
Cattaraugus	\$355.01	\$710.02	\$603.52	\$1,011.78	\$175.46
Cayuga	\$358.40	\$716.81	\$609.29	\$1,021.45	\$175.36
Chautauqua	\$275.35	\$550.70	\$468.09	\$784.74	\$139.30
Chemung	\$422.81	\$845.62	\$718.78	\$1,205.01	\$189.30
Chenango	\$376.34	\$752.67	\$639.77	\$1,072.56	\$167.09
Clinton	\$403.04	\$806.08	\$685.17	\$1,148.66	\$197.62
Columbia	\$294.14	\$588.28	\$500.04	\$838.30	\$140.92
Cortland	\$358.40	\$716.81	\$609.29	\$1,021.45	\$175.36
Delaware	\$330.41	\$660.82	\$561.70	\$941.67	\$187.85
Dutchess	\$330.41	\$660.82	\$561.70	\$941.67	\$142.11
Erie	\$275.35	\$550.70	\$468.09	\$784.74	\$139.30
Essex	\$277.95	\$555.90	\$472.51	\$792.15	\$164.41
Franklin	\$354.26	\$708.52	\$602.24	\$1,009.63	\$164.41
Fulton	\$359.16	\$718.31	\$610.57	\$1,023.60	\$153.46
Genesee	\$338.43	\$676.86	\$575.33	\$964.53	\$139.43
Greene	\$294.14	\$588.28	\$500.04	\$838.30	\$140.92
Hamilton	\$277.95	\$555.90	\$472.51	\$792.15	\$139.00
Herkimer	\$403.04	\$806.08	\$685.17	\$1,148.66	\$197.62
Jefferson	\$403.04	\$806.08	\$685.17	\$1,148.66	\$167.09
Kings	\$370.53	\$741.05	\$629.89	\$1,056.00	\$158.70
Lewis	\$354.26	\$708.52	\$602.24	\$1,009.63	\$164.41
Livingston	\$308.20	\$616.40	\$523.95	\$878.38	\$139.74
Madison	\$354.26	\$708.52	\$602.24	\$1,009.63	\$164.41
Monroe	\$270.68	\$541.37	\$460.16	\$771.45	\$134.64
Montgomery	\$351.28	\$702.56	\$597.17	\$1,001.14	\$167.67
Nassau	\$365.28	\$730.57	\$620.98	\$1,041.06	\$159.62
New York	\$365.28	\$730.57	\$620.98	\$1,041.06	\$158.70

Coverage Family Type

- In the tax household
- Enrolled in a Bronze, Silver, Gold, Platinum plan through NYSOH
- Do not have other MEC

* The Child Only Monthly Premium Amount is the cost per child, up to 3 children, for children who have not yet turned 21. If only one child is in the coverage household, use the listed Monthly Premium Amount. If only two children are in the coverage household, multiply the Child Only Monthly Premium Amount by two. If three or more children in the coverage household, multiply the Child Only Monthly Premium Amount by three.

Form 1095-A

- Mailed to recipients by January 31
- Made available to account holders in their secure inbox
- Cover letters to explain Form 1095-A and how to get assistance
- English and Spanish
- Taglines for assistance in 17 languages

Form 1095-A: Recipients

- For QHPs with APTC, NYSOH sends one form, per policy, per tax household
 - If the account holder is enrolled in the policy, the Form 1095-A is sent to the account holder.
 - If the account holder is not enrolled in the policy, the Form 1095-A is sent to the primary subscriber (the oldest person on the policy when the account holder is not enrolled)
- For QHPs without APTC, NYSOH sends one form, per policy, for everyone enrolled, even if enrollees are in different tax households
 - Form 1095-A is sent to the account holder

Form 1095-A: Recipient Examples

- Jane and John are married filing jointly, enrolled in a QHP for 12 months, with APTC in each month
 - One Form 1095-A will be sent to Jane, who is the account holder. The form will include both Jane and John's enrollment information.
- Jane and John also enrolled Joe, their 25 year old son, in their family policy. Joe is not a dependent and is in a separate tax household
 - One Form 1095-A will be sent to Jane, with Jane and John's enrollment information.
 - One Form 1095-A will be sent to Joe, with his enrollment information

Form 1095-A: Recipient Examples

- Rebeka and Sue are domestic partners, and enroll in a QHP with APTC for January through September.
 - Because they are separate tax households, each will receive a Form 1095-A, with their own enrollment information.
- If Rebeka and Sue did not use APTC and paid full cost for their QHP:
 - Rebeka will receive one Form 1095-A with enrollment information for Rebeka and Sue. The IRS will provide instructions on how to apportion enrollment premiums on each individual's tax forms.

Form 1095-A: Multiple Forms

- Multiple forms will be issued if:
 - Used tax credits for some months and did not use tax credits for other months
 - Change in subscriber for the policy
 - Change in plans
 - Different members of the household were enrolled in different plans
 - Enrolled in one plan, dis-enrolled and then re-enrolled in the same plan

Form 1095-A: Multiple Forms, Examples

- Mark and Mei enrolled in a full cost QHP in January and February. They changed plans starting in March.
 - Mei, the account holder, will receive one Form 1095-A, with enrollment information for herself and Mark, for the months of January and February.
 - Mei will receive a second Form 1095-A for herself and Mark for the other enrollment months, which were covered through a different health plan.

Form 1095-A: Multiple Forms, Examples

- Abdou and Fatima were enrolled in a QHP with APTC from January through March, and became ineligible for APTC for the rest of their 2014 enrollment period
 - Fatima is the account holder and will receive one Form 1095-A for the enrollment period of January – March, and a second Form 1095-A for the rest of their 2014 enrollment period. Both forms will have enrollment information for Fatima and Abdou

Form 1095-A: APTC & Grace Periods

- Enrollees are only eligible for APTC for months where they pay their share of premiums
- If an insurer provided coverage for a month that an enrollee did not pay their share of the premium, the enroll has to pay back the PTC that was paid to the insurer for that month

Form 1095-A: APTC & Grace Periods

January 2014:	Helen and Maurice enroll in a health plan with financial assistance
January – May 2014:	They paid their share of the premium each month
June 2014:	They do not pay their premium for June and start the 90 grace period. APTC is paid to the health plan for June.
September 2014:	They still have not paid the premium for June and get retroactively terminated back to June 30. They are not eligible for APTC for June because they did not pay their premium. Because they are no longer eligible for APTC that month, they are required to pay that money back to the IRS. APTC was not paid after June, so the repayment obligation is only for one month.

Form 1095-A: APTC & Grace Periods

Part III Household Information

Month	A. Monthly Premium Amount	B. Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP)	C. Monthly Advance Payment of Premium Tax Credit
21 January	\$800	\$1,000	\$600
22 February	\$800	\$1,000	\$600
23 March	\$800	\$1,000	\$600
24 April	\$800	\$1,000	\$600
25 May	\$800	\$1,000	\$600
26 June	0	0	\$600
27 July			
28 August			
29 September			
30 October			
31 November			
32 December			
33 Annual Totals	\$4,000	\$5,000	\$3,600


Marketplace must enter '0' in Columns A and B for the month of June during which Helen and Maurice were covered but did not pay the premium.

When filing their taxes, in addition to reconciling the APTC paid on their behalf between January and May, since they are not eligible for APTC during the month of June Helen and Maurice are responsible for repaying the entire APTC paid on his behalf for that month.

Process to Reconcile APTC & Claim PTC

NYSOH sends 2014 enrollment information to QHP enrollees in January 2015

* Form 1095-A from NYSOH



Consumers reconcile APTC or claim PTC on their federal tax return during tax filing season

* Use Form 1095-A from NYSOH to complete IRS Form 8962



Consumers who took APTC or are claiming PTC must file their federal tax returns with the IRS during tax filing season

* IRS Form 1040 + IRS Form 8962

Form 8962 & Form 1040 Series

- Not provided by the Marketplace
- Can be obtained from the same place that the consumer receives their other tax return forms
 - For enrollees using tax prep software, likely to be integrated into the software
 - For enrollees using a tax preparer, tax preparer is likely to have the form
 - Also available from the IRS
- Questions about Form 8962 or the series of Forms 1040 should be directed to tax advisors and cannot be answered by the Marketplace

Common Questions

- What if I forgot to report a change in circumstance during the year?
 - It is too late to make changes to 2014 applications, but enrollees can update their application for 2015
- Why did I get a Form 1095-B or 1095-C?
 - Form 1095-B may be sent by insurers. It is optional this year.
 - Form 1095-C may be sent by employers who provide employer sponsored insurance. It is optional this year.

Assistor Roles and Responsibilities

- APTC and PTC
 - At a high level, understand how to reconcile APTC and apply for PTC
- Form 1095-A
 - What the form is and why it is important
 - Who receives the forms and where recipients can access them
 - Where to send recipients for more information
- 2015 Enrollment
 - How to update applications for consumers who realize they need to change their 2015 application, based on their 2014 tax return

Assistor Roles and Responsibilities

- Assistors cannot provide tax advice in their role as a Marketplace assistor
- Examples of tax advice:
 - How to complete Form 8962 or Form 1040
 - Who to claim as a dependent
 - How to report healthcare coverage on a tax return
 - Whether a consumer will have to pay back tax credits or will get additional tax credits
 - Whether a consumer will have to make an Individual Shared Responsibility Payment (penalty for not having coverage)

Tools for Assistors and Consumers: Changing Amount of APTC Applied

- Enrollees who are eligible for APTC, can change the amount of APTC they apply towards their monthly premium at any time
- Changes to the amount of APTC applied take effect the first of the following month

Tools for Assistors and Consumers: Changing Amount of APTC Applied

Select the “Plans” tab from the Dashboard. On the Plan Selection Introduction page, click “Next”

Click the “Change APTC Amount” button

Click the “Confirm and Check Out” button

Change the amount of APTC applied, and click the “Confirm and Check Out” button again

Receive confirmation of the change

Lindsay Morgan

Edit Account Information

Mailing Address:

1 2nd St
Albany NY
12047

Primary Phone:

(123) 456-7890

OPTIONS

Update Application



Manage Broker/Navigator

Overview

Application

Account

Eligibility

Plans

Inbox

Documents

Appeals

Overview

It is important that you tell us about any changes so that the Marketplace can make sure that you and your family are getting the best coverage available. You should tell us about changes such as a pregnancy, death in family, marriage or divorce, a move, recent unemployment, change in job, loss of health coverage. You are required to report any changes that may affect your health insurance. If you are enrolled in Medicaid, Child Health Plus, or are receiving tax credits, you also need to report income changes. Some changes may affect what levels of financial assistance you qualify for.

Updating Your Information

Account holder is the adult who is the contact for this account and is responsible for the application. Click **Edit Account Information** to edit your personal details including name, mailing address, phone number, language preferences, preferred contact method, and/or to go paperless.

To tell us about changes in your family size, including changes because of marriage, divorce, birth or death, click on the **Update Application** button to add or remove yourself, your spouse, your children who live with you, your partner who lives with you if you file taxes together or have children together, or anyone on your federal income tax return.

Changes in your household or your income may affect your health benefits. Tell us if anyone in your household has had a change in their job, immigration status, other health insurance coverage, or if you have moved by clicking on the **Update Application** button.

Edit Account Information



Update Application



Manage Plans

[Print This Page](#)

Information about the plans that you have chosen for you and your household is below. You can print out this page for your records by clicking on **Print This Page**.

If you want to cancel a plan chosen for a date in the future OR end someone's Marketplace enrollment completely, click on **Cancel Enrollment in Plans**.

You can search for and enroll in a health and/or dental plan during open enrollment and at other times during the year, depending on your circumstances. To pick a new plan for everyone enrolled in health coverage, click on **Pick a New Plan**.

DO NOT use the Cancel Enrollment in Plans button to transfer to a new plan.

If you qualify for an advanced premium tax credit (APTC), you can change the amount applied to the monthly health plan premiums at any time during the coverage year. To increase or decrease the amount of tax credit applied, click on **Change APTC Amount**.

Submitted Enrollment

Cost Sharing Reduction

[Change APTC Amount](#)

Enrolled Member:	Plan Name:	Provider Name:	Level of Coverage:	Plan Premium:	Coverage Period:
Lindsay Morgan	Fidelis Care Silver ST INN Pediatric Dental Dep25	Fidelis Care	Silver	\$356.90 APTC: -\$70.00 Monthly Premium: \$286.90	02/01/2015 - 12/31/2015

[Cancel Enrollment in Plans](#)[Pick a New Plan](#)

Mailing Address:

1 2nd St
Albany NY
12047

Primary Phone:

(123) 456-7890

OPTIONS

[Update Application](#)[Manage Broker/Navigator](#)

✓ BUILD HOUSEHOLD

✓ Household Members

✓ Relationships

✓ Residential Address

✓ Household Summary

✓ Public MEC

✓ INCOME INFORMATION

✓ Income Details

✓ Income Details

✓ Income Summary

✓ OTHER INFORMATION

✓ APPLICATION SUMMARY

FIND A PLAN ➤

Plan Selection Introduction

Coming Up in this Section

In this section, you will select a health insurance plan for yourself and your family members. It will show you the plans that are available to you, the benefits that the plans cover, the doctors and facilities that participate in the plan network, and the cost of enrolling in the plan.

In this section, you can pick plans for yourself and all of your eligible family members whether they qualify for Medicaid, Child Health Plus, or a plan offered through the Marketplace.

Here are some things to think about as you select a plan:

- Does it provide the benefits you need?
- What are the plan's deductible and other cost-sharing charges?
- Does it include your doctors, hospitals and other facilities "in network"?
- Does it cover the prescription drugs you need?
- Is it highly rated on the things that are important to you?
- Can you afford the premium for enrolling in the plan?

Sometimes, the plans that your provider accepts, or the "network" they are in, will change. It is always best to check with your provider and the health plan first. We strongly encourage you to call your doctors, hospitals, other facilities, and the health plans directly before completing the plan selection process.

If you think you cannot afford to purchase health insurance, you can also learn more about exemptions in this section.

We will now look at the plans that are available to you and your family.

What You Need to Know

- List of your current doctors
- Names of nearby hospitals and facilities



Next

- ✓ ACCOUNT INFORMATION
- ✓ BUILD HOUSEHOLD
- ✓ INCOME INFORMATION
- ✓ OTHER INFORMATION
- ✓ APPLICATION SUMMARY
- ✓ FIND A PLAN
- Introduction
- Plan Selection Dashboard
- Select A Plan for :
 - Lindsay Morgan
- Confirm Plan Selections
- Confirmation Acknowledgment

Plan Selection Dashboard

On this page you will be able to select a plan for each of your family members listed below. To search the plans available to each family member, click on the top right blue button for each individual. When you finish selecting plans, click on Confirm Selections at the bottom of the page.

If you need more information about how to join a health plan, what health plans are available to you, or to find out if you have to join a plan, please call the Marketplace at 1-855-355-5777.

Cost Sharing Reduction (INDIVIDUAL)

[Change INDIVIDUAL Plan](#)[Find Dental Plan](#)

Lindsay Morgan (Health Coverage Start Date: 02/01/2015)

Health Plan	Monthly Premium	Advance Premium Tax Credit	Amount you Would Owe
Current Plan Name: Fidelis Care Silver ST INN Pediatric Dental Dep25 Metal Level: Silver	\$356.90	\$70.00	\$286.90
New Plan Name: Fidelis Care Silver ST INN Pediatric Dental Dep25 Metal Level: Silver	\$356.90	\$70.00	\$286.90

Important: If you change your health plan mid-year, the amount you have already paid toward your annual deductible and out of pocket maximum will not count toward your new plan.

The people listed above are eligible for an advanced premium tax credit (APTC). You can use your APTC to help pay the premiums for your health coverage. If you use this option, the federal government will send the APTC to the insurance companies of your choice each month. You will be responsible for paying the remainder of the cost of your premiums. ?

You are also eligible to get help paying for your out of pocket costs. This means you will pay less when you go to the doctor or get a prescription, and your yearly deductible is smaller. But you must pick a silver-level health insurance plan if you want this benefit.

In some situations, you and your family members may not be able to enroll in the same plan. You and your family members will have to select different plans. In these situations, the APTC will be "split up" and sent to the insurance companies of your choice each month.

You will be able to select one of the following types of plans for each family member:

- A medical plan that does not include dental coverage;
- A medical plan that includes dental coverage for all of the family;
- A medical plan that includes medical coverage and dental only for children.

If you choose a medical plan without dental coverage or a medical plan with only child dental coverage, you can also choose to buy a dental plan.

[Confirm and Check Out](#)

✓ ACCOUNT INFORMATION

✓ BUILD HOUSEHOLD

✓ INCOME INFORMATION

✓ OTHER INFORMATION

✓ APPLICATION SUMMARY

✓ FIND A PLAN

Introduction

Plan Selection Dashboard

Select A Plan for :

• Lindsay Morgan

Confirm Plan Selections

Confirmation Acknowledgment

Review Your Plans

Review the plans that you have picked for your family members. Click on **Confirm and Check Out** at the bottom of the page to enroll in these selections.

Cost Sharing Reduction (INDIVIDUAL)

Lindsay Morgan (Health Coverage Start Date: 02/01/2015)

Health Plan	Monthly Premium	Advance Premium Tax Credit	Amount you Would Owe
Current Plan Name: Fidelis Care Silver ST INN Pediatric Dental Dep25 Metal Level: Silver Start Coverage: 02/01/2015	\$356.90	\$70.00	\$286.90
New Plan Name: Fidelis Care Silver ST INN Pediatric Dental Dep25 Metal Level: Silver Start Coverage: 02/01/2015 End Coverage: 12/31/2015	\$356.90	\$70.00	\$286.90

Lindsay Morgan - Advanced Premium Tax Credit

Up to \$144.40/Month or \$1732.80/Year may be applied to qualifying plan purchases

\$ 70.00

Total Advanced Premium Tax Credit

Up to \$144.40/Month or \$1732.80/Year may be applied to qualifying plan purchases

\$0.00

\$70.00

\$144.40

I understand that because advance payments of the premium tax credit will be paid on my behalf to reduce the cost of health coverage for myself and/or my dependents, I must file a federal income tax return. If I'm married at the end of the coverage year, I must file a joint income tax return with my spouse.

I also expect that no one else will be able to claim me as a dependent on their federal income tax return. I will claim a personal exemption deduction on my federal income tax return for any individual listed on this application as a dependent who is enrolled in coverage through this Marketplace and whose premium for coverage is paid in whole or in part by advance payments.

If any of the above changes, I understand that it may impact my ability to get an advance premium tax credit. I understand that my advance premium tax credit (APTC) is based on my projected annual income. I understand that when I file my federal income tax return, the Internal Revenue Service (IRS) will reconcile my APTC with the income I report. I also understand that if my income is higher than what I told you on my application, I may have to pay a tax liability. If my income is lower than what I told you on my application, I may receive a tax refund.

Lindsay Morgan

☒ Check here if you have read the information above and are ready to check out.

Return to Plan Selection Dashboard

Confirm and Check Out

✓ ACCOUNT INFORMATION

✓ BUILD HOUSEHOLD

✓ INCOME INFORMATION

✓ OTHER INFORMATION

✓ APPLICATION SUMMARY

✓ FIND A PLAN

Introduction

Plan Selection Dashboard

Select A Plan for :

• Lindsay Morgan

Confirm Plan Selections

Confirmation Acknowledgment

Plan Selections Confirmed

Congratulations! Information about the plans you have chosen for you and your family is below. You can print out this page for your records.

Cost Sharing Reduction (INDIVIDUAL)

Lindsay Morgan (Health Coverage Start Date: 02/01/2015)

Health Plan	Monthly Premium	Advance Premium Tax Credit	Amount you Would Owe
Current Plan Name: Fidelis Care Silver ST INN Pediatric Dental Dep25 Metal Level: Silver	\$356.90	\$70.00	\$286.90
New Plan Name: Fidelis Care Silver ST INN Pediatric Dental Dep25 Metal Level: Silver	\$356.90	\$130.00	\$226.90

Your confirmation number is ET000000281140.

You must pay the monthly premium for this coverage to begin on the 1st day of the coverage month. Your insurer will follow up with you regarding payment of your premium.

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Tools for Assistors and Consumers

- NYSOH Website (URL forthcoming for page on Form 1095-A)
 - Cover letters for policies with and without financial assistance, in 8 languages
 - Form 1095-A and its instructions, in 8 languages
 - FAQ on NYSOH website
 - Additional consumer materials
- Dedicated 1095-A NYSOH Customer Service line (# forthcoming)
 - If consumers think their form is incorrect
- Dedicated helpline staff at Community Health Advocates (# forthcoming)
 - General questions about Form 1095-A, SCLSP table, PTC
- NYSOH does not provide tax advice; refer to www.IRS.gov, tax preparers

Submit Questions using the Q&A tab on your WebEx Control Panel.

A recording of today's webinar, along with the slide deck, will be posted to nystateofhealth.ny.gov and emailed to all participants within 24 hours.