

TAX CREDITS, FORM 1095-A AND FORM 1095-B

WHAT YOU NEED TO KNOW JANUARY 2026

AGENDA

- Learning Objectives
- Form 1095-A
 - Premium Tax Credit Recap
 - APTC Reconciliation
 - Overview of Form 1095-A
- Form 1095-B
 - Overview of Form 1095-B
 - Who may request Form 1095-B
- Role and Responsibility of Assistors
 - Tools for Assistors and Consumers
 - Question and Answers

LEARNING OBJECTIVES

At the end of this session, you should be able to:

- Understand who will receive Forms 1095-A and 1095-B.
- Explain the information on each form.
- Understand why some people will receive more than one form.
- Identify when you need to refer consumers to either NY State of Health, a health plan, Local Departments of Social Services (LDSS)/Human Resources Administration (HRA), a tax professional, or the Internal Revenue Service (IRS).

TAX CREDITS AND FORM 1095-A

PREMIUM TAX CREDITS: HOW TO GET THEM

There are two ways to get Premium Tax Credits:

Advance Premium Tax Credits (APTC)

- When you apply for financial assistance through NY State of Health. The APTC reduces the monthly premium throughout the year.
- Based on the estimated income provided at the time of enrollment and any changes reported during the tax year.
- APTC must be reconciled with the IRS on federal tax return using Form 8962 (based on actual income).

Premium Tax Credits (PTC)

- When you file your federal tax return at the end of the tax year.
- Based on actual income during the tax year.
- May be claimed on federal tax return using Form 8962.

PREMIUM TAX CREDITS: ELIGIBILITY CRITERIA



- Be an “Applicable Taxpayer” as defined by the IRS.
 - Income \geq 100% FPL. Tax credits phased out at higher incomes in 2025.
 - Cannot be claimed as a dependent on another person’s tax return.
 - If married, file taxes jointly (some exceptions).

- Be enrolled in coverage through NY State of Health for at least one month during the tax year.
 - Enrolled in a Bronze, Silver, Gold or Platinum Plan, not a Catastrophic plan.
 - No access to other Minimum Essential Coverage (MEC).
 - Pay premiums owed for each enrollment month that APTC or PTC is claimed.

ENHANCED TAX CREDITS

The Inflation Reduction Act provided enhanced tax credits for Qualified Health Plan consumers through the end of 2025.

- As of January 2026, these expanded tax credits have not yet been extended by Congress. Therefore, APTC is no longer be available to consumers over 400% FPL in 2026.
- If the enhanced tax credits are extended beyond 2025, we will notify Assistors ASAP with updated information.



1095-A VIDEO EXPLANATION



[What Marketplace Enrollees Need to Know about Form 1095-A - YouTube](#)
What Marketplace Enrollees Need to Know about Form 1095-A

WHAT IS FORM 1095-A?

- A federal tax form to help taxpayers reconcile APTC or claim PTC when federal income taxes are filed.
- It is issued by NY State of Health to Qualified Health Plan (QHP) enrollees in Bronze, Gold, Silver or Platinum plans in the Individual Marketplace.
 - Not sent to Medicaid (MA), Child Health Plus (CHPlus), Essential Plan (EP), Catastrophic plans or Small Business Marketplace (SBM) owners and their employees.
 - No separate form for Stand-Alone Dental Plans.

FORM 1095-A



Form 1095-A		Health Insurance Marketplace Statement		<input type="checkbox"/> VOID	OMB No. 1545-2232
Department of the Treasury Internal Revenue Service		Do not attach to your tax return. Keep for your records. Go to www.irs.gov/Form1095A for instructions and the latest information.		<input type="checkbox"/> CORRECTED	2025
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 Covered Individuals					
A. Covered individual name		B. Covered individual SSN	C. Covered individual date of birth	D. Coverage start date	E. Coverage termination date
16					
17					
18					
19					
Part III Coverage Information					
Month	A. Monthly enrollment premiums	B. Monthly second lowest cost silver plan (SLCSP) premium	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					
For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 60703Q Form 1095-A (2025) Created 6/5/25					

Part I

- Recipient information.

Part II

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

Part III

- Essential Health Benefits (EHB) portion of QHP and Stand-Alone Dental Plan (SADP) premiums.
- Second Lowest Cost Silver Plan (SLCSP) premium for the coverage household for policies that used APTC.
- APTC taken, if applicable.

FORM 1095-A, CONTINUED



Form 1095-A		Health Insurance Marketplace Statement		<input type="checkbox"/> VOID	OMB No. 1545-2232
Department of the Treasury Internal Revenue Service		Do not attach to your tax return. Keep for your records. Go to www.irs.gov/Form1095A for instructions and the latest information.		<input type="checkbox"/> CORRECTED	2025
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 Covered Individuals					
A. Covered individual name		B. Covered individual SSN	C. Covered individual date of birth	D. Coverage start date	E. Coverage termination date
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18					
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Part III Coverage Information					
Month	A. Monthly enrollment premiums	B. Monthly second lowest cost silver plan (SLCSP) premium	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					

NOTE:

- The EHB portion of premiums may be slightly different than the actual premium paid to the carrier on a monthly basis. This is because financial assistance in the form of APTC or PTC can only be used to offset the cost of Essential Health Benefits (not any other benefits that may be included in the plan).
- Also, for consumers who enrolled in a QHP and a SADP, the EHB portion of both of those premiums are added together and the total is the Monthly Premium Amount listed in Column A. Remember, APTC only applies to the EHB portion of the premium - additional benefits (e.g., adult dental) are separate.

FORM 1095-A (SLCSP)



In Part III, the SLCSP premium is only populated on the form when APTC was used during the year.

- For Forms 1095-A with no APTC, recipients need to look up their monthly SLCSP premiums.
- NY State of Health will include a table of SLCSP premiums along with the 1095-A form. This form will also be available on the NY State of Health website.
- Within the SLCSP table, note that there are different premiums applicable to households with Dependent Children Under Age 26 and households with Dependent Children Ages 26-29.
 - This variation applies only to consumers that fall into the coverage tiers of either “Individual and Children” or “Couple and Children”.
 - Please review the column headings carefully!

APTC RECONCILIATION

- The amount of APTC is based on estimated 2025 income.
- PTC is the amount of tax credits an individual is eligible for based on actual 2025 income.
- APTC taken by an individual during the tax year is compared to the PTC based on the actual 2025 income using IRS Form 8962.
 - If their total PTC from IRS Form 8962 is LESS than the consumer's advance PTC, they might have to repay some of the tax credit in the form of higher taxes or a smaller refund.
 - If their total PTC from IRS Form 8962 is MORE than the advance PTC, they might get more financial help in the form of a larger tax refund or lower taxes.

FINANCIAL ASSISTANCE: RECONCILIATION

- Only APTC is reconciled.
 - ❑ APTC is only reconciled with the IRS.
 - ❑ APTC is not reconciled with NY State of Health or health insurers.
- There is no reconciliation for Cost Sharing Reductions.

PREMIUM TAX CREDITS: CONSIDERATIONS

- Taking APTC or claiming PTC is optional for consumers.
- A federal tax return must be filed by individuals who received APTC or want to claim PTC.
 - Enrollees who received APTC or wish to claim PTC must file Form 1040, Form 1040A, or Form 1040NR and attach Form 8962.
 - Form 8962 cannot be filed with Form 1040EZ, 1040NR-EZ, Form 1040-SS, or Form 1040-PR.

EXAMPLE 1:

ADDITIONAL TAX CREDIT DUE TO THE ENROLLEE

- Juan is an unmarried adult with no dependents. He lives in Queens and was enrolled in a Qualified Health Plan for 12 months in 2025.
- When Juan signed up for coverage, he estimated his 2025 income to be \$40,000 (265% FPL).
 - ❑ He was eligible for an APTC of \$727 per month and used the full amount towards his premium, for an annual total of \$8,724.
- When Juan completes his federal tax return, his actual 2025 income was \$38,000 (252% FPL).
 - ❑ The amount of PTC he is eligible for based on actual income is \$751 per month or \$9,012 for the year.

EXAMPLE 1: ADDITIONAL TAX CREDIT DUE TO THE ENROLLEE, CONTINUED



\$ 9,012	amount of PTC Juan is eligible for.*
- \$ 8,724	amount of APTC Juan used.
<hr/>	
+ \$ 288	Additional credit of \$288 will be claimed on Juan's federal tax return.

*** Calculated with Form 8962**

APTC RECONCILIATION: REPAYMENT CAP

- When enrollees apply more APTC than they were eligible for based on actual income, they will have to repay some or all the tax credit.
- However, there is a limit on the amount that must be repaid if household income is less than 400% FPL.

	Maximum Repayment Amount for TY 2025	
HH income as FPL%	Single Taxpayer	All other Filing Statuses
< 200%	\$375	\$750
≥ 200% - < 300%	\$975	\$1,950
≥ 300% - < 400%	\$1,625	\$3,250
≥ 400%	No cap, must pay back all credits	No cap, must pay back all credits

- NOTE – This is the last year the repayment cap will apply. Beginning in Tax Year 2026, all individuals who receive excess APTC (meaning their total PTC from IRS Form 8962 is LESS than their advance PTC that they already received), they will be required to repay **all** of the excess tax credits in the form of higher taxes or a smaller refund.

EXAMPLE 2:

REPAYMENT OF APTCs

- Christine is an unmarried adult with no dependents, living in Albany. She was enrolled in a QHP for 12 months in 2025.
- When Christine signed up for coverage, she estimated her 2025 income to be \$37,800 (251% FPL).
 - ❑ She was eligible for an APTC of \$534 per month and used the full amount towards her premium, for an annual total of \$6,408.
- When Christine completes her federal tax return, her actual 2025 income is \$44,600 (296% FPL).
 - ❑ The amount of PTC she is eligible for, based on actual income, is \$444 per month or \$5,328 for the year.

EXAMPLE 2: REPAYMENT OF APTCs, CONTINUED

\$ 6,408	amount of APTC Christine used
- \$ 5,324	amount of PTC Christine is eligible for
<hr/>	
- \$ 1,084	Difference between PTC eligible for and APTC used.

- \$975.00**
- Repayment cap for single adults $\geq 200\%$ FPL – 300% FPL.
 - Christine will re-pay this amount to the IRS through her federal tax return.

MAILING FORM 1095-A



- The 1095-A forms for Tax Year 2025 are mailed to all enrollees by January 31, 2026.
 - Please note, this form is mailed regardless of whether consumer previously opted for electronic-only notices.
- Available to account holders in their secure inbox.
- Includes cover letter to explain Form 1095-A and how to get assistance.
- Cover letter available in English and Spanish.
- Taglines for assistance in 27 languages.

PROCESS TO RECONCILE APTC AND CLAIM PTC

Step 1:

NY State of Health sends 2025 enrollment information to QHP enrollees in January 2026.

- Form 1095–A from NY State of Health.

Step 2:

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

- Use Form 1095-A from NY State of Health 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 and IRS Form 8962.

FORM 1095-A: RECIPIENTS



- For QHPs with APTC, NY State of Health sends one form per policy per tax household.
 - If the account has one tax household enrolled in the policy, the account holder will be sent one form.
 - If the account has two tax households enrolled in one policy, the primary tax filer from each tax household will receive a form.
- For QHPs without APTC, NY State of Health sends one form per policy, even if enrollees are in different tax households.
 - Form 1095-A is sent to the account holder.

RECIPIENT EXAMPLE



Jane and John are married filing jointly. They 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's and John's enrollment information.

Jane and John also enrolled Mary, their 25-year-old daughter, in their family policy. Mary is not a dependent and is in a separate tax household.

- One Form 1095-A will be sent to Jane. It will have both Jane's and John's enrollment information.
- One Form 1095-A will be sent to Mary. It will have only her enrollment information.

FORM 1095-A: MULTIPLE FORMS

Multiple forms will be issued if:

- The household used tax credits for some months and did not use tax credits for other months.
- There is a change in primary subscriber for the policy.
- There is a change in health plan.
- Different members of the household were enrolled in different plans.
- The household enrolled in one plan, dis-enrolled and then re-enrolled in the same plan.

MULTIPLE FORMS: EXAMPLE ONE (1)



Mark and Cindy enrolled in a full-cost QHP in January and February. They changed plans starting in March.

- Cindy, the account holder, will receive one Form 1095-A, with enrollment information for herself and Mark, for the months of January and February.
- Cindy will receive a second Form 1095-A for herself and Mark for the months of March through December.

MULTIPLE FORMS: EXAMPLE TWO (2)

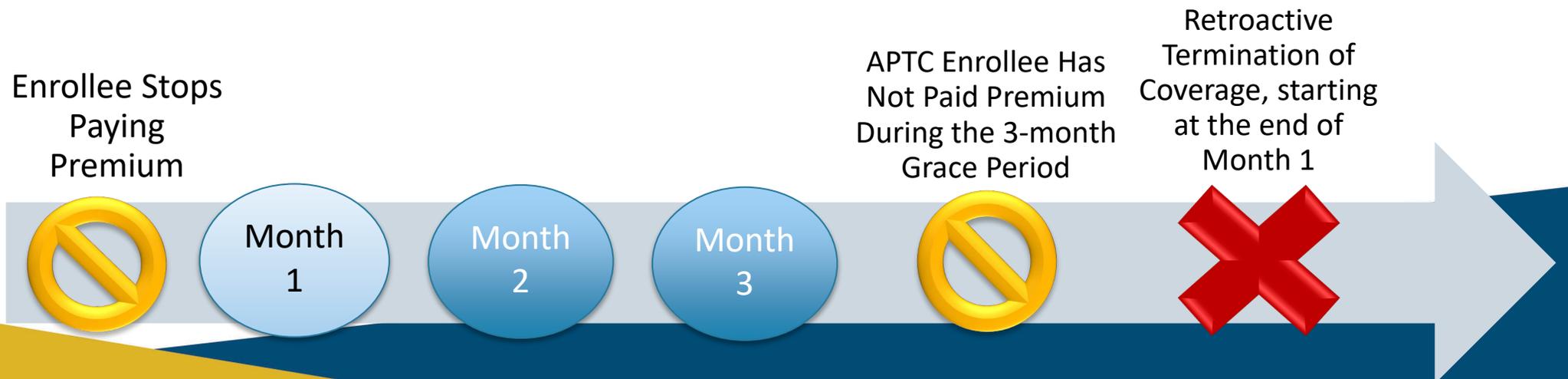


Crystal and Jamal were enrolled in a QHP with APTC from January through March and became ineligible for APTC for the rest of their 2025 enrollment period.

- Crystal is the account holder and will receive one Form 1095-A for the enrollment period of January through March and a second Form 1095-A for the rest of their 2025 enrollment period. Both forms will have enrollment information for Crystal and Jamal.

FORM 1095-A: APTC AND GRACE PERIODS –

- After paying their initial binder payment, subsidized enrollees are entitled to a 90-day (3 month) grace period before an insurer terminates their coverage. This starts from the first month they do not pay enough of their premium.
- If they do not pay their premium in the second and third month, their coverage will be retroactively terminated at the end of the first month.



Form 1095-A: APTC and Grace Periods, Continued

UPDATES EFFECTIVE TAX YEARS 2025 AND AFTER



- Before plan year 2025, enrollees were **NOT** entitled to APTC in the first month of the grace period before termination.
- In years 2025 and after, enrollees **ARE** entitled to APTC in the first month of grace period before termination.
 - Consumers also now need to self-report the amount they actually paid towards their premiums on Form 8962.

FORM 1095-A:

APTC AND GRACE PERIODS, CONTINUED



UPDATES EFFECTIVE TAX YEARS 2025 AND AFTER

- Enrollees are only eligible for APTC in months in which they paid enough of their share of premiums to prevent termination of coverage.
- If an insurer provided coverage for a month that an enrollee did not pay their share of the premium, the enrollee must reconcile their PTC on the federal tax return that was paid to the insurer for that month of the 90-day grace period (which may mean paying money to the IRS or receiving a smaller refund).

FORM 1095-A: APTC AND GRACE PERIODS, CONTINUED

UPDATES EFFECTIVE TAX YEARS 2025 AND AFTER



Example:

January 2025:	Helen and Maurice enrolled in a health plan with financial assistance.
January – May 2025:	They paid their share of the premium each month.
June 2025:	They did not pay their premium for June. They started the 90-day grace period. APTC was paid to the health plan for June, Month 1.
September 2025:	<p>At the end of August, Helen and Maurice still have not paid their premiums. Since they did not pay the premium for June, July and August, consistent with federal rules, they were retroactively terminated from the plan on June 30 (end of Month 1).</p> <p>They were eligible for APTC for June (Month 1), but not July (Month 2) and August (Month 3).</p> <p>This year, they will be required to self-report the amount they actually paid in June to reconcile their APTC when they file their annual taxes. APTC was not paid to the health plan after June, so the repayment obligation is only for one month.</p>

FORM 1095-A: APTC AND GRACE PERIODS, CONTINUED UPDATES EFFECTIVE TAX YEARS 2025 AND AFTER



Part III Coverage Information			
Month	A. Monthly enrollment premiums	B. Monthly second lowest cost silver plan (SLCSP) premium	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	\$800	\$1,000	\$600
27 July			
28 August			
29 September			
30 October			
31 November			
32 December			
33 Annual Totals	\$4,800	\$6,000	\$3,600

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 60703Q Form 1095-A (2025) Created 6/5/25

When filing their taxes, Helen and Maurice must reconcile the APTC paid on their behalf between January and June.

- **NY State of Health will include amounts in Columns A, B, and C, for the month of June when Helen and Maurice were covered but did not sufficiently pay their premium.**
 - **This is because they received and were entitled to APTC in Month 1 of their grace period.**

When Helen and Maurice file their taxes, they will be responsible for self-reporting the amount they paid in June on IRS Form 8962 in order to reconcile their APTC for that month.

- **Assistors and NY State of Health do not provide tax advice. Refer consumers to their tax preparer or www.irs.gov.**

FORM 8962 AND FORM 1040 SERIES



Form 8962 Department of the Treasury Internal Revenue Service	Premium Tax Credit (PTC) Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/Form8962 for instructions and the latest information.	OMB No. 1545-0074
		2025 Attachment Sequence No. 73
Name shown on your return	Your social security number	

Consumers need Form 1095-A from NY State of Health, in order to fill out Form 8962, which is required with their federal tax return if they received APTC.

- Form 8962 is **not** provided by NY State of Health. It can be obtained from the IRS website, tax preparation software, or the consumer's tax preparer.
- Consumers should understand that if their return was rejected because it was missing Form 8962, they'll need to complete Form 8962 or provide an explanation for why they're missing the form and attach it when they refile. Assistors can refer consumers to the website below if they need additional information.
 - <https://www.irs.gov/newsroom/how-to-correct-an-electronically-filed-return-rejected-for-a-missing-form-8962>
 - Other questions about Form 8962 or the series of Forms 1040 should be directed to tax advisors or the IRS and cannot be answered by NY State of Health.

WHO WILL NOT RECEIVE FORM 1095-A

The following consumers will **not** receive Form 1095-A:

- Consumers enrolled in Medicaid.
- Consumers enrolled in Child Health Plus.
- Consumers enrolled in Essential Plan.
- Consumers enrolled in Catastrophic coverage plans.
- Uninsured NYS residents.
- Individuals with employer-sponsored coverage, including those who have a plan through the Small Business Marketplace (SBM).

What if I forgot to report a change in circumstance to NY State of Health during the year?

- As of January 1st, 2026, it is too late to report changes for 2025, but enrollees can update their information for 2026.

What if the information in Form 1095-A is incorrect, and I have questions?

- Please call NY State of Health at 1-855-766-7860 for assistance.

I was enrolled in a NY State of Health plan with Cost Sharing Reductions (CSRs). Do I have to reconcile the CSR benefits when I file my taxes?

- No, CSRs are not reconciled.

INFO CHECK

Who will receive Form 1095-A from NY State of Health?

- A. All Medicaid enrollees.
- B. A tax household who was enrolled in a QHP with APTC.
- C. Any consumer who requested financial assistance and enrolled in a Full-Pay QHP with NY State of Health.
- D. Any consumer who did not request financial assistance and enrolled in a Full-Pay QHP with NY State of Health.
- E. Any consumer who enrolled in Child Health Plus.

1. A, B, and E
2. B, C, and D
3. All of the above
4. None of the above

CHANGING THE AMOUNT OF APTC

- 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 are applied the first of the following month.

Submitted Enrollment					
Cost Sharing Reduction					Change APTC Amount
Enrolled Member:	Plan Name:	Provider Name:	Level of Coverage:	Plan Premium:	Coverage Period:
	Fidelis Care Silver ST INN Pediatric Dental Dep25		Silver	APTC: \$356.90 Monthly <u>-\$70.00</u> Premium: \$286.90	2/1/2026- 12/31/2026

CHANGING THE AMOUNT OF APTC, CONTINUED

From the consumer's account, click on the "Plans" button.

Plans

You can enroll in a health plan during open enrollment and at other times of the year based on your situation.

Enroll in a new plan or change a plan. [UPDATE PLANS](#)

Current Plans

Baked Beans (46)
ReFried Beans (47)

Cost Sharing Reduction (Couple)

[Ambetter from Fidelis Care Bronze HSA, Bronze, ST, INN, Fidelis Care HBX Network, Dep25, Free Telemedicine Program, Pediatric Dental](#)

Insurance Company Fidelis Care	Coverage Period 01/01/2026-12/31/2026	Plan Type Medical with Child Dental	Metal Level BRONZE
Premium \$1,114.44	Tax Credit -\$951.00 Change	You Pay \$163.44	

On the "Plans" screen, click on "Change" to change the consumer's Tax Credit amount.

If a pop-up appears, click on "Update Plans".

On the "Plan Selection" introduction page, click "Next".
On the "Find a Plan" page, click "Next".

To change the amount of APTC applied, slide the value marker left or right, or type in the desired amount.

Check the box that you have read the Tax Credit Agreement and click "Confirm Plan Selections".

Review the change on the "Plan Summary" screen.

FORM 1095-A WRAP-UP

Things to remember:

- For consumers enrolled in QHPs with APTC, NY State of Health sends one form per policy, per tax household. The Form 1095-A is sent to the account holder.
- For consumers enrolled in QHPs without APTC, NY State of Health 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.
- 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 SLCSP Table is included with Forms 1095-A with no APTC and posted at <https://info.nystateofhealth.ny.gov/TaxCredits>.
- Some consumers may receive more than one Form 1095-A.

FORM 1095-B

WHAT IS FORM 1095-B?

Form 1095-B is proof of coverage for certain types of insurance which meets the Minimum Essential Coverage (MEC) standard through a government-sponsored program such as:

- Medicaid
- Child Health Plus
- Essential Plan
- Medicare
- Tricare

Form 1095-B could also provide proof of coverage for consumers with:

- A Catastrophic plan purchased through NY State of Health.
- A plan purchased directly from an insurer.
- Coverage through the Small Business Marketplace issued by NY State of Health.

FORM 1095-B



560118

Form **1095-B** **Health Coverage** VOID CORRECTED OMB No. 1545-2252
 Department of the Treasury Internal Revenue Service Do not attach to your tax return. Keep for your records. **2025**
 Go to www.irs.gov/Form1095B for instructions and the latest information.

Part I Responsible Individual

1 Name of responsible individual—First name, middle name, last name 2 Social security number (SSN) or other TIN 3 Date of birth (if SSN or other TIN is not available)
 4 Street address (including apartment no.) 5 City or town 6 State or province 7 Country and ZIP or foreign postal code
 8 Enter letter identifying Origin of the Health Coverage (see instructions for codes): 9 Reserved

Part II Information About Certain Employer-Sponsored Coverage (see instructions)

10 Employer name 11 Employer identification number (EIN)
 12 Street address (including room or suite no.) 13 City or town 14 State or province 15 Country and ZIP or foreign postal code

Part III Issuer or Other Coverage Provider (see instructions)

16 Name 17 Employer identification number (EIN) 18 Contact telephone number
 19 Street address (including room or suite no.) 20 City or town 21 State or province 22 Country and ZIP or foreign postal code

Part IV Covered Individuals (Enter the information for each covered individual.)

(a) Name of covered individual(s) First name, middle initial, last name	(b) SSN or other TIN	(c) DOB (if SSN or other TIN is not available)	(d) Covered all 12 months	(e) Months of coverage												
				Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
23			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 60704B Form **1095-B** (2025) Created 9/24/25

Part I

- Line 1 - Identifies the person who has MA/CHPlus/EP coverage (will match the information on Part IV).
- Line 2 - Reports the individual's SSN or other Taxpayer Identification Number (TIN). Only the last 4 digits will be visible.
- Line 3 - Reports the individual's date of birth and will be entered only if Line 2 is blank.

Part II

- Lines 10-15 will only be filled out for those enrolled through the Small Business Marketplace.
- It will be blank for MA, CHPlus, and EP 1095-B Forms.

Part III

- Lines 16-22 report information about coverage provider.
- For MA, CHPlus and EP, New York State Department of Health will be the issuer or coverage provider (not NY State of Health).
- Line 18 reports the telephone number for consumers to call with questions. The NY State of Health phone number will show for all MA, CHPlus, and EP consumers.

FORM 1095-B, CONTINUED



560118

Form **1095-B** **Health Coverage** VOID CORRECTED OMB No. 1545-2252
 Department of the Treasury Internal Revenue Service Do not attach to your tax return. Keep for your records. **2025**
 Go to www.irs.gov/Form1095B for instructions and the latest information.

Part I Responsible Individual

1 Name of responsible individual—First name, middle name, last name 2 Social security number (SSN) or other TIN 3 Date of birth (if SSN or other TIN is not available)
 4 Street address (including apartment no.) 5 City or town 6 State or province 7 Country and ZIP or foreign postal code
 8 Enter letter identifying Origin of the Health Coverage (see instructions for codes): 9 Reserved

Part II Information About Certain Employer-Sponsored Coverage (see instructions)

10 Employer name 11 Employer identification number (EIN)
 12 Street address (including room or suite no.) 13 City or town 14 State or province 15 Country and ZIP or foreign postal code

Part III Issuer or Other Coverage Provider (see instructions)

16 Name 17 Employer identification number (EIN) 18 Contact telephone number
 19 Street address (including room or suite no.) 20 City or town 21 State or province 22 Country and ZIP or foreign postal code

Part IV Covered Individuals (Enter the information for each covered individual.)

(a) Name of covered individual(s) First name, middle initial, last name	(b) SSN or other TIN	(c) DOB (if SSN or other TIN is not available)	(d) Covered all 12 months	(e) Months of coverage												
				Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
23			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 60704B Form **1095-B** (2025) Created 9/24/25

Part IV

- Lines 23-28 report the name and SSN (or other TIN) and coverage information for each covered individual.
- A date of birth will be entered in Column (c) only if an SSN does not appear in Column (b).
- Column (d) will be checked if the person listed in Column (a) was covered by insurance for at least one day in each of the 12 months of the year.
- If a person wasn't covered for the full year, information will be entered in Column (e) indicating the month(s) for which the individual was covered.

MEDICAID / ESSENTIAL PLAN CONSUMERS



Form 1095-B for Medicaid or Essential Plan coverage will be issued by the NYS Department of Health.

This includes individuals whose coverage is through Local Departments of Social Services (LDSS), Human Resources Administration (HRA), or NY State of Health.

- Medicaid or Essential Plan consumers requesting general information about their 1095-B Forms or corrections can be assisted by calling the NY State of Health Customer Service Center. See Slide 54.
- Non-NY State of Health Medicaid enrollees requesting updates or corrections to their 1095-B Forms should be referred to HRA or LDSS to have those corrections made.

CHILD HEALTH PLUS CONSUMERS



Families with children enrolled in Child Health Plus also have their Form 1095-B issued by the NYS Department of Health.

- Requests to receive the form by mail will be handled by the NY State of Health Customer Service Center, which can be reached at 1-800-541-2831.
- Requests for coverage corrections can also be handled by the NY State of Health Customer Service Center by calling 1-855-766-7860.
- A separate Form 1095-B will be available for each child in a multiple-child household that is enrolled in CHPlus, even if all children are on the same policy.
 - If a child switched CHPlus plans, they may have received a new ID number. In this case, that child will receive a separate Form 1095-B for that ID number and coverage.

CATASTROPHIC AND SMALL BUSINESS MARKETPLACE (SBM) PLANS



- Form 1095-B will not be issued by the NYS Department of Health for individuals enrolled through the SBM and for individuals with Catastrophic coverage purchased through the NY State of Health or directly from the health plan.
- NY State of Health cannot process requests for these enrollees.
 - Individuals enrolled in a Catastrophic plan and SBM enrollees should be referred directly to the health plan.

DISTRIBUTION OF FORM 1095-B



1095-Bs for the 2025 Tax Year will be available to account holders via a link in their secure inbox by early February 2026.

- Consumers will be able to open, view, and print their 1095-Bs for the most recent tax year.
- If the consumer has **Medicaid coverage through LDSS/HRA** and not through NY State of Health, their 1095-B will not be available electronically.

All consumers may still request their 1095-B by mail.

FORM 1095-B VIA “MY INBOX”



Eligible consumers will receive their 1095-B via their inbox.

- Only 1095-B documents from the most recent tax year will be available.
 - If the consumer had a 1095-B from Tax Year 2024, this will no longer be available in their inbox.
 - If they do need an earlier year's 1095-B, they can always call to request a previous year's form.
- In some cases, consumers may see multiple 1095-Bs with the same name.
 - This happens for members who receive multiple 1095-Bs due to being enrolled in multiple programs during the previous tax year.

HOW TO REQUEST FORM 1095-B

If a consumer would like a copy of their 1095-B for 2025, or any earlier year, sent to them by mail, they can request it by contacting NY State of Health using the below methods.

Consumers enrolled in Medicaid through their LDSS/HRA will not automatically receive their 1095-B electronically, so if they want a copy of their 1095-B for their 2025 Medicaid enrollment, they must request it, via the below.

- Phone: 1-800-541-2831
- E-mail: 1095B@health.ny.gov
- Mail: P.O. Box 11774, Albany, NY 12211



HOW IS FORM 1095-B USED?

1095-Bs will not be automatically mailed to consumers but are available in their secure inbox.

- This form is no longer needed for tax preparation or filing taxes.
 - ❑ Whether an individual had health insurance coverage for the year is no longer a question on the tax return.
- NY State of Health does not advise consumers on whether they need to file taxes. If a consumer asks if they need to file a tax return, refer the consumer to the IRS website (www.IRS.gov) or their tax professional.

FORM 1095-B WRAP-UP



Things to Remember:

Form 1095-B is not required for a consumer to file their 2025 income tax return.

NYS Department of Health will automatically issue Form 1095-B for Medicaid, CHPlus and EP via the consumer's inbox if the consumer was enrolled through NY State of Health.

- 1095-Bs may also be issued by mail only when requested by the consumer. See slide 49.
 - Changes or corrections for NY State of Health enrollees can be requested by calling: 1-855-766-7860.

If Medicaid coverage was through the consumer's LDSS/HRA, then their 1095-B is not available electronically and may be mailed to the consumer at their request.

- Requests to correct Form 1095-B for non-NY State of Health Medicaid enrollees must be referred to LDSS/HRA.

Health plans are responsible for Form 1095-B for Catastrophic and SBM plan enrollees.

ASSISTOR ROLES AND RESPONSIBILITIES

- APTC and PTC
 - Understand how to reconcile APTC and apply for PTC.
- Forms 1095-A and B
 - Know what each form is and why it is important.
 - Understand who can receive the forms and where recipients can access them.
 - Know where to send consumers for more information.
- 2025 Enrollment
 - Know how to update information for consumers who need to change their 2026 application based on their 2025 Tax Return.

ASSISTOR ROLES AND RESPONSIBILITIES, CONTINUED

- Assistors cannot provide tax advice in their role as a NY State of Health Assistor.
- Examples of tax advice include, but are not limited to:
 - How to complete Form 8962 or Form 1040.
 - Who can be claimed as a dependent for tax purposes.
 - Whether a consumer will have to pay back tax credits or will get additional tax credits.

TOOLS FOR ASSISTORS AND CONSUMERS



NY State of Health Website: <http://info.nystateofhealth.ny.gov/TaxCredits>.

- Cover letters for policies with and without financial assistance in eight (8) languages.
- Form 1095-A.
- FAQs.
- Additional consumer materials.

If a consumer would like a copy of their 1095-B for 2025 for Medicaid, Child Health Plus, and Essential Plan mailed to them, they can request it by:

- Phone: 1-800-541-2831.
- E-mail: 1095B@health.ny.gov.
- Mail: P.O. Box 11774, Albany, NY 12211.

Dedicated 1095-A and 1095-B NY State of Health Customer Service line for general information or corrections:

- 1-855-766-7860.

Dedicated helpline staff at Community Health Advocates:

- 1-888-614-5400.

General questions about Form 1095-A, SLCSP table and PTC; refer consumers to www.IRS.gov or tax professionals.

Remember, NY State of Health does not provide tax advice.

QHP	Medicaid	Essential Plan	Child Health Plus	Catastrophic	SBM
Form 1095-A. Form issued by NY State of Health.	Form 1095-B. Form issued by NYS Department of Health.	Form 1095-B. Form issued by NYS Department of Health.	Form 1095-B. Form issued by NYS Department of Health.	Form 1095-B.	Form 1095-B.
Form issued electronically and by mail automatically.	<p>NY State of Health Enrollees:</p> <ul style="list-style-type: none"> Form issued electronically and automatically. <p>To request receipt of the form by mail, call: 1-800-541-2831</p> <p>For corrections, call: 1-855-766-7860.</p>	<p>Form issued electronically and automatically.</p> <p>To request receipt of the form by mail, call: 1-800-541-2831.</p>	<p>Form issued electronically and automatically.</p> <p>To request receipt of the form by mail, call: 1-800-541-2831.</p>	Refer to the individual health plan.	Refer to the individual health plan.
For reprints and corrections contact NY State of Health: (1-855-766-7860) .	<p>LDSS/HRA enrollees:</p> <ul style="list-style-type: none"> Form issued by mail only <u>if requested by the consumer</u>. <ul style="list-style-type: none"> 1-800-541-2831 <p>For corrections refer to LDSS/HRA.</p>	For corrections: 1-855-766-7860.	For corrections: 1-855-766-7860.		



For tax questions refer to: www.irs.gov or tax professionals.

QUESTIONS?

Please email questions about this presentation to:

Eligibility.training.support@health.ny.gov



THANK YOU FOR JOINING US!

