

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

## **WHAT YOU NEED TO KNOW**

### **JANUARY, 2017**

# AGENDA

- Learning Objectives
- Form 1095-A Overview
  - Premium Tax Credit Recap
  - APTC Reconciliation
  - Overview of Form 1095-A
- Form 1095-B Overview
  - Who will get the Form 1095-B
  - Overview of Form 1095-B
  - Common Scenarios
- Role and Responsibility of the Assistors
- Tools for Assistors and Consumers
- Question & Answers

# LEARNING OBJECTIVES

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

- Understand who will receive Form 1095-A; who will receive Form 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, the health plans, LDSS/HRA, a tax professional or the IRS.

# TAX CREDITS AND FORM 1095-A

# PREMIUM TAX CREDITS: HOW TO GET THEM

- Two ways to get Premium Tax Credits:
  - Advanced Premium Tax Credits (APTC)
    - When you apply for financial assistance through NY State of Health, the APTC reduces monthly premium
    - Based on expected income during the tax year
    - Must be reconciled with IRS on federal tax return
  - Premium Tax Credits (PTC)
    - When you file your federal tax return at the end of the year
    - Based on actual income during the tax year

# 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)
- 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 (not Catastrophic)
  - No other Minimum Essential Coverage (MEC)
  - Pay premiums for each enrollment month PTC is claimed

# WHAT IS FORM 1095-A?

- A federal tax form to help taxpayers reconcile APTC or claim PTC.
- Issued by NY State of Health to QHP enrollees in Bronze, Gold, Silver or Platinum plans in the Individual Marketplace.
  - Not sent to Medicaid, CHPlus, Essential Plan, Catastrophic plans or Small Business owners and their employees
  - No separate form for standalone 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 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				
20				

**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			

**Part I**

- Recipient information

**Part II**

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

**Part III**

- EHB portion of QHP and standalone dental plan premiums
- SLCSP premium for the coverage household for policies that used APTC
- APTC taken, if applicable

# FORM 1095-A (SLCSP)



In Part III, the Second Lowest Cost Silver Plan (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.
- NY State of Health will provide a table of SLCSP premiums along with the 1095-A form. This form will also be available at the NY State of Health website.

# APTC RECONCILIATION

- The amount of APTC is based on estimated 2016 income.
- APTC taken by an individual during the tax year is compared to the PTC based on the actual 2016 income using IRS Form 8962.
  - **If your total PTC from IRS Form 8962 is less than your advance PTC**, you might have to give back some of the tax credit in the form of higher taxes or a smaller refund.
  - **If your total PTC from IRS Form 8962 is more than your advance PTC**, you might get more financial help in the form of a larger refund or lower taxes.

# FINANCIAL ASSISTANCE: RECONCILIATION

- Only APTC is reconciled.
  - APTC is only reconciled with the IRS.
  - APTC is not reconciled with the 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 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.

# EXAMPLE 1: ADDITIONAL TAX CREDIT DUE TO 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 2016.
- When Juan signed up for coverage, he estimated his 2016 income to be \$28,000 (237.89%FPL).
  - He was eligible for an APTC of \$187.39 per month and used the full amount towards his premium, for an annual total of \$2,248.72.
- When Juan completes his federal tax return, his actual 2016 income was \$23,800 (202.20%FPL).
  - The amount of PTC he is eligible for based on actual income is \$239.58 per month or \$2,874.97 for the year.

# EXAMPLE 1 (CONTINUED): ADDITIONAL TAX CREDIT DUE TO ENROLLEE



\$2248.72

amount of ATPC Juan used

\$2874.97

amount of PTC Juan is eligible for\*

---

+ **\$626.25**

Additional credit of \$626.25 will be claimed on Juan's federal tax return

\* Calculated with Form 8962 (discussed later)

# 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 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	All other Filing Statuses
< 200%	\$300	\$600
≥ 200% - < 300%	\$750	\$1,500
≥ 300% - < 400%	\$1275	\$2550
≥ 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. She was enrolled in a QHP for 12 months in 2016.
- When Christine signed up for coverage, she estimated her 2016 income to be \$25,000 (212.40%FPL).
  - She was eligible for an APTC of \$250.94 per month and used the full amount towards her premium, for an annual total of \$3,011.28.
- When Christine completes her federal tax return, her actual 2016 income is \$30,000 (254.88%FPL).
  - The amount of PTC she is eligible for, based on actual income, is \$185.51 per month or \$2226.17 for the year.

# EXAMPLE 2 (CONT'D): REPAYMENT OF APTCs

\$3,011.28  
\$2,226.17

amount of APTC Christine used  
amount of PTC Christine is eligible for

---

- **\$785.11**

Difference between APTC used and PTC eligibility

**\$750.00**

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

# FORM 1095-A

- Mailed to recipients by January 31, 2017
- Available to account holders in their secure Inbox
- Includes cover letter to explain Form 1095-A and how to get assistance
- 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 2016 enrollment information to QHP enrollees in January 2017

- 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 filings season

- IRS Form 1040 + 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 holder is enrolled in the policy, Form 1095-A is sent to the account holder.
  - If the account holder is not enrolled in the policy, Form 1095-A is sent to the primary subscriber (the oldest person on the policy not including the account holder).
- 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 (1) 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 (1) Form 1095-A will be sent to Jane. It will have both Jane's and John's enrollment information.
- One (1) 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 subscriber for the policy
  - There is a change in plans
  - 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

- 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 (1) Form 1095-A, with enrollment information for herself and Mark, for the months of January and February.
  - Mei will receive a second (2<sup>nd</sup>) Form 1095-A for herself and Mark for the other enrollment months, which were covered through a different health plan.



## MULTIPLE FORMS EXAMPLE



- Abdou and Fatima were enrolled in a QHP with APTC from January through March, and became ineligible for APTC for the rest of their 2016 enrollment period.
  - Fatima is the account holder and will receive one (1) Form 1095-A for the enrollment period of January – March and a second (2<sup>nd</sup>) Form 1095-A for the rest of their 2016 enrollment period. Both forms will have enrollment information for Fatima and Abdou.

# FORM 1095-A: APTC & GRACE PERIODS



- Enrollees are only eligible for APTC in months in which they paid their share of premiums.
- If an insurer provided coverage for a month that an enrollee did not pay his or her share of the premium, the enrollee has to pay back the PTC that was paid to the insurer for that month.
  - The consumer would be required to repay PTCs (which they were not eligible for, because they did not pay their share of the premium in a given month) to the IRS when they file their annual taxes.

# FORM 1095-A: APTC & GRACE PERIODS



## Example:

- January 2016: Helen and Maurice enrolled in a health plan with financial assistance.
- January – May 2016: They paid their share of the premium each month.
- June 2016: They did not pay their premium for June. They started the 90 grace period. APTC was paid to the health plan for June.
- September 2016: They did not pay the premium for June and consistent with federal rules, were retroactively terminated from the plan on June 30. They were not eligible for APTC for June because they did not pay their premium. They are required to repay their June APTC to the IRS when they file their annual taxes. 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

**NY State of Health 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, Helen and Maurice must reconcile the APTC paid on their behalf between January and May. Since they were not eligible for APTC during the month of June, Helen and Maurice are responsible for repaying the entire APTC paid on their behalf for that month.**

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 60703Q

Form 1095-A (2014)

# FORM 8962 AND FORM 1040 SERIES

- Not provided by NY State of Health
- Forms can be obtained from:
  - Tax Preparation Software
  - Tax Preparer
  - IRS
- Questions about Form 8962 or the series of Forms 1040 should be directed to tax advisors 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 SBM

# COMMON QUESTIONS



- **What if I forgot to report a change in circumstance to NY State of Health during the year?**
  - It is too late to report changes for 2016, but enrollees can update their information for 2017.
- **What if the information in the 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.

# REVIEW QUESTION



## **WHO WILL RECEIVE FORM 1095-A FROM NY STATE OF HEALTH?**

- A. All Medicaid eligible enrollees
- B. A tax household who was enrolled in a QHP with APTC.
- C. Anyone with health care coverage
- D. None of these

# FORM 1095-B

# WHAT IS FORM 1095-B?

Form 1095-B is proof of coverage for certain types of insurance.

Individuals will get a Form 1095-B if:

- They have coverage that meets the MEC standard through a government-sponsored program such as:
  - Medicaid
  - CHPlus
  - Essential Plan (EP)
  - Medicare – Not issued by NYS Department of Health
  - Tricare – Not issued by NYS Department of Health
- They have a Catastrophic plan purchased through NY State of Health.
- They purchase their plan directly from an insurer.
- They have coverage through the Small Business Marketplace issued by NY State of Health.

**Part I Responsible Individual**

1 Name of responsible individual 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)	(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"/>

## Part I

- Line 1 - identifies the person who has MA/CHPlus/EP coverage (will match the information on part IV).
- Line 2- Reports the individuals SSN or other taxpayer identification number (TIN). Only the last 4 digits will be visible.
- Line 3- Reports the individuals 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 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.



**Part I Responsible Individual**

1 Name of responsible individual 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

9 Reserved

8 Enter letter identifying Origin of the Health Coverage (see instructions for codes): . . . ▶

**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)	(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"/>

**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.

# HOW IS FORM 1095-B USED?



- Consumers should use it to complete their taxes, then keep the form with their records.
- Consumers do not need to attach Form 1095-B to their income tax returns.
- If a consumer does not file taxes, the form should be kept with his or her records.

We do not advise consumers on whether they need to file taxes. If a consumer asks if he or she needs to file a tax return, refer the consumer to the IRS website ([www.IRS.gov](http://www.IRS.gov)) or their tax professional.

Form 1095-B for MA/EP coverage will be issued by NYS Department of Health. This includes individuals whose coverage is through LDSS, HRA, or NY State of Health.

- Every household member and every Client Identification Number (CIN) or enrollee identification number that had qualifying coverage will receive a Form 1095-B. This means some consumers may receive multiple Forms 1095-B for Medicaid coverage.
- MA/EP consumers requesting general information about their 1095-B forms or corrections can be assisted by calling the NY State of Health Customer Service Center.
- All MA/EP consumers requesting reprints of their Form 1095-B can be assisted by calling the NY State of Health Customer Service Center.
- 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.

# CHPLUS CONSUMERS



Children enrolled in CHPlus will receive their Form 1095-B from the NYS Department of Health.

- Requests for reprints will be handled by the NY State of Health Customer Service Center.
- Requests for coverage corrections can also be handled by the NY State of Health Customer Service Center.
- Requests for updates and coverage corrections for consumers who enrolled directly through a plan need to be referred to the issuing plan.
- A separate Form 1095-B will be sent for each child in a multiple-child household that is enrolled in CHPlus, even if all children are in the same household.
  - If the child is given a different ID number from his or her original when a plan is switched, the child will receive a separate form for that ID number.

# CATASTROPHIC AND SBM PLANS



Form 1095-B for individuals with Catastrophic coverage purchased through the NY State of Health or directly from the health plan will be issued by the health plans not from the NYS Department of Health.

- Individuals enrolled in a Catastrophic plan should be referred directly to the health plan for reprints and form corrections.

Forms 1095-B for individuals enrolled through the Small Business Marketplace will be issued by the health plan not from the NYS Department of Health.

- SBM enrollees should be referred to their employers for reprints and form corrections.

NY State of Health cannot process requests for reprints and/or corrections for these enrollees.



## RECIPIENT EXAMPLE



Sandy was enrolled in Medicaid that ended on 3/31. After her Medicaid coverage ended, she had employer-sponsored insurance with a large employer.

### **How many Forms 1095-B will Sandy receive?**

One (1) Form 1095-B for the Medicaid.  
She would also receive a Form 1095-C from her employer.



## RECIPIENT EXAMPLE



Edwin is dual eligible. He was enrolled in both Medicare and Medicaid during the previous year.

### **How many Forms 1095-B will Edwin receive?**

Two (2), assuming he only had one CIN.  
One for Medicaid and one for Medicare.



## RECIPIENT EXAMPLE



Stephanie turned 19 on March 12. She had CHPlus through the end of March and then went on her family's Silver Plan through the SBM.

**How many Forms 1095-B will Stephanie receive?**

Two (2) Form 1095-B  
One for CHPlus, and one for the SBM plan.

# ASSISTOR ROLES AND RESPONSIBILITIES



- APTC and PTC
  - Understand how to reconcile APTC and apply for PTC
- Forms 1095-A and B
  - Know what the form is and why it is important
  - Understand who receives the forms and where recipients can access them
  - Know where to send consumers for more information
- 2017 Enrollment
  - Know how to update information for consumers who need to change their 2017 application, based on 2016 tax return

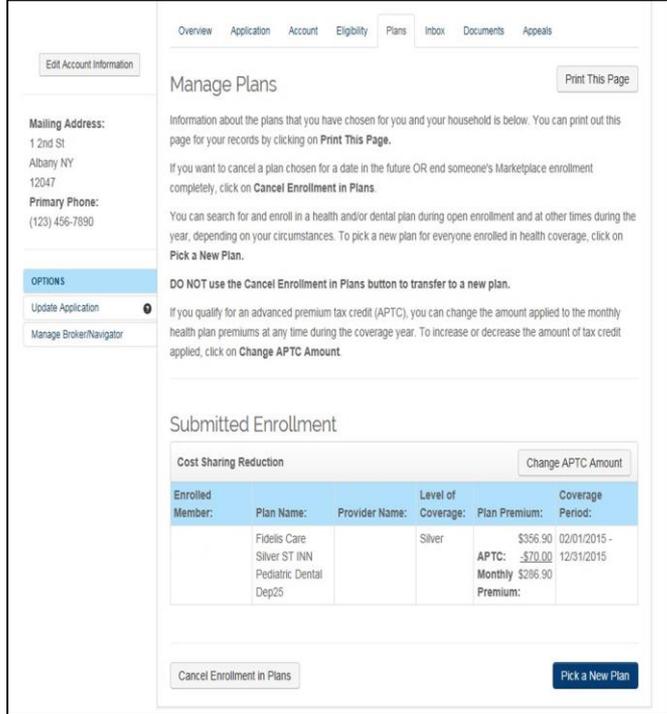
# ASSISTOR ROLES AND RESPONSIBILITIES

- Assistors cannot provide tax advice in their role as a NY State of Health Assistor.
- Examples of tax advice included, but not limited to:
  - How to complete Form 8962 or Form 1040
  - Who can be claimed as a dependent for tax purposes
  - 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 (federal 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.



Overview Application Account Eligibility **Plans** Inbox Documents Appeals

Edit Account Information

**Mailing Address:**  
1 2nd St  
Albany NY  
12047  
**Primary Phone:**  
(123) 456-7890

**OPTIONS**

Update Application

Manage Broker/Navigator

### Manage Plans

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:
	Fidelis Care Silver ST INN Pediatric Dental Dep25		Silver	\$356.90 APTC: -\$20.00 Monthly Premium: \$286.90	02/01/2015 - 12/31/2015

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

# TOOLS FOR ASSISTORS AND CONSUMERS:

## Changing Amount of APTC Applied:

Select the “Plans” tab from the Account 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

## 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 shown 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					
Enrolled Member:	Plan Name:	Provider Name:	Level of Coverage:	Plan Premium:	Coverage Period:
	Fi Silver ST INN Pediatric Dental Dep25		Si	\$356.90 APTC: <del>-\$70.00</del> Monthly Premium: \$286.90	02/01/2015 - 12/31/2015

Change APTC Amount

Cancel Enrollment in Plans

Pick a New Plan

✓ 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 :
- 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

Health Coverage Start Date: 02/01/2015)

Health Plan	Monthly Premium	Advance Premium Tax Credit	Amount you Would Owe
Current Plan Name: <input type="text"/> ST INN Pediatric Dental Dep25 Metal Level: Silver	\$356.90	\$70.00	\$286.90
New Plan Name: <input type="text"/> 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 :
- 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)

h Coverage Start Date: 02/01/2015

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

### - 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  \$144.40  
**\$70.00**

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.

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 :
- 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)

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

Health Plan	Monthly Premium	Advance Premium Tax Credit	Amount you Would Owe
Current Plan Name: <input type="text"/> ST INN Pediatric Dental Dep25 Metal Level: Silver	\$356.90	\$70.00	\$286.90
New Plan Name: <input type="text"/> 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.

[+ Show More](#)

[Print This Page](#)

# TOOLS FOR ASSISTORS AND CONSUMERS



NYSOH Website: <http://info.nystateofhealth.ny.gov/TaxCredits>

- Cover letters for policies with and without financial assistance in 8 languages
- Form 1095-A
- FAQ on NY State of Health website
- Additional consumer materials

Dedicated 1095-A and 1095-B NY State of Health Customer Service line: 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 to [www.IRS.gov](http://www.IRS.gov) or tax professionals.

Remember NY State of Health does not provide tax advice

# FORM 1095-A WRAP UP

## Things to remember:

- For consumers enrolled in QHPs **with** or APTC, NY State of Health 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.
- For consumers enrolled in 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.
- 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.
- Some consumers may receive more than one Form 1095-A.

# FORM 1095-B WRAP UP

## Things to remember:

- NYS Department of Health will issue Form 1095-B for Medicaid, CHPlus and Essential Plan.
- NY State of Health Medicaid, CHPlus and Essential Plan enrollees can request corrections and reprints of the Form 1095-B by calling the NY State of Health Customer Service Center.
- Requests to correct or update Form 1095-B for non-NY State of Health Medicaid enrollees must be referred to LDSS/HRA.

QHP	Medicaid & Essential Plan	Child Health Plus	Catastrophic Plan	SBM
Form 1095-A	Form 1095-B	Form 1095-B	Form 1095-B	Form 1095-B
Form issued by NY State of Health	Form issued by NYS Department of Health	Form issued by NYS Department of Health	Form issued by the health plan	Form issued by the health plan
For reprints and corrections contact NY State of Health <b>(1-855-766-7860)</b>	For reprints and corrections contact NY State of Health <b>(1-855-766-7860)</b>	For reprints and corrections contact NY State of Health <b>(1-855-766-7860)</b>	For reprints and corrections refer to the health plan	For reprints and corrections refer to the employers
For tax questions refer to: <a href="http://www.irs.gov">www.irs.gov</a> or tax professionals	For tax questions refer to: <a href="http://www.irs.gov">www.irs.gov</a> or tax professionals	For tax questions refer to: <a href="http://www.irs.gov">www.irs.gov</a> or tax professionals	For tax questions refer to: <a href="http://www.irs.gov">www.irs.gov</a> or tax professionals	For tax questions refer to: <a href="http://www.irs.gov">www.irs.gov</a> or tax professionals



## QUESTIONS?

- Consult the website: <http://info.nystateofhealth.ny.gov/TaxCredits>
- Dedicated 1095-A and 1095-B NY State of Health Customer Service line: 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 to [www.IRS.gov](http://www.IRS.gov) or tax professionals.
- Questions about this presentation: [Assistor.Admin@health.ny.gov](mailto:Assistor.Admin@health.ny.gov)