



Frequently Asked Questions about the Second Lowest Cost Silver Plan Table

These FAQ are only for 1095-A recipients who were enrolled in health plans without financial assistance and who have to identify their SLCSP on the Monthly SLCSP Table.

- 1. I enrolled in a health plan in February 2020 and when I got married in June 2020, I added my spouse to my health plan. Neither of us had other Minimum Essential Coverage. What is our Coverage Family Type?**

If you get married, your Coverage Family type will change the month that you add your spouse to your plan. For example, if you got married on June 12 and added your spouse to your plan starting in July, your new Coverage Family Type would start in July. For the months of February, March, April, May and June, your Coverage Family Type is “Individual.” Starting in July, your Coverage Family Type is “Couple.”

If you did not add your spouse to your plan until August, your Coverage Family Type would not change until August.

- 2. My domestic partner and I enrolled in coverage together in February. We got married in July and stayed enrolled in the same health plan. Neither of us have other Minimum Essential Coverage. What is our Coverage Family Type?**

Coverage Family Type is based on your status on the first day of the month.

For the months of February through July, you and your domestic partner each have the Coverage Family Type of “Individual.” From August and forward, your Coverage Family Type is “Couple.” Because domestic partnership is not a tax filing status, you and your partner are in separate tax households and are considered separate coverage families. Each of you will refer to the “Individual” column on the SLCSP chart.

- 3. My spouse and I enrolled in a health plan in March 2020 and got divorced in September 2020. Neither of us had other Minimum Essential Coverage. What is my Coverage Family Type?**

If you get divorced and remove your former spouse from your insurance policy, your Coverage Family Type changes starting the month that your former spouse is not on your policy. For example, if September is the last month that your spouse is on your health

plan, from March through September your Coverage Family Type is “Couple.” From October and on, your coverage Family Type is “Individual.”

If you got divorced and did not remove your former spouse from your insurance policy, please refer to Form 8962 for instructions. Remember to be sure to update your NY State of Health account throughout the year if you have changes in income or other circumstances.

4. My spouse and I enrolled in a health plan in March 2020. In August 2020, we had a baby and added the baby to our health plan that month. None of us had other Minimum Essential Coverage. What is our Coverage Family Type?

For the months in which only you and your spouse were enrolled, your Coverage Family Type is “Couple.” For the month in which all three of you were enrolled in coverage, your Coverage Family Type becomes “Couple + Child(ren).” In this example, your Coverage Family Type is “Couple” for the months of March through July and changes to “Couple + Child(ren)” for the months of August and on.

If your child did not have coverage until September, your Coverage Family Type would not change until September.

5. My four children are enrolled in health plans in 2020 through NY State of Health without financial assistance. They do not have other Minimum Essential Coverage. No one else in the household is enrolled in NY State of Health. Which column do I use to calculate my Premium Tax Credit?

First, identify the county your children lived in each month. Then find the monthly premium amount for “Child Only” for that county. Multiply that premium amount by 3 to calculate the cost of the Second Lowest Cost Silver Plan (SLCSP) for all 4 children.

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 to find the SLCSP. 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.

6. I am the only person in my family enrolled in a health plan through NY State of Health in February 2020 and I have no other Minimum Essential Coverage. In July 2020, I moved from Albany County to Franklin County. How do I find the correct monthly SLCSP premium?

Coverage Family Type is based on where you lived on the first day of the month and the SLCSP premium will therefore change the month after you move. First, look at the SLCSP premiums for the Coverage Family Type of Individual. Then look at the SLCSP premiums for Albany County for the months of February through July. For the months August and on, use the SLCSP premium for Franklin County.

- 6. My spouse, our two children, and I are enrolled in a health plan through NY State of Health. My spouse and I live in Dutchess County. Our children attend college in Hamilton County. Which county do we look at for our SLCSP premium?**

If the primary tax filer is enrolled, you should use the SLCSP for the county of the primary tax filer. In this scenario, assuming the parents are the primary tax filers they should use the SLCSP premium for Dutchess County.

- 7. Our two children are enrolled in a health plan through NY State of Health, but I am not. I live in Dutchess County and my children attend college in Hamilton County. Which county do I use for their SLCSP premium?**

In scenarios such as this one, where the primary tax filer (the parent) is not enrolled in a health plan, the SLCSP is the residential address of the primary subscriber. In this instance, the SLCSP premium would be the premium for whichever county the children use as their primary residential address each month.

- 8. My spouse and I enrolled in a health plan through NY State of Health without financial assistance in January. In June, my spouse got Medicare Part A but kept her NY State of Health plan. What is our Coverage Family Type?**

For the months in which you were both enrolled in a NY State of Health plan and neither you nor your spouse had Medicare, which is other Minimum Essential Coverage, your Coverage Family Type is "Couple."

For the months in which you were both enrolled in a NY State of Health plan and your spouse had Medicare Part A, your Coverage Family Type is "Individual" because Medicare Part A is considered Minimum Essential Coverage.

- 9. My spouse and I declined health insurance coverage from my employer and enrolled in a health plan through NY State of Health. What is our Coverage Family Type?**

In this scenario, your Coverage Family Type will depend on whether or not the Employer Sponsored Insurance (ESI) was affordable and if it provided Minimum Value. If the ESI was not affordable or did not provide Minimum Value, your Coverage Family Type is Couple. If your ESI was affordable or did provide Minimum Value, you are not eligible for the PTC.

To determine if your coverage was affordable or provided Minimum Value, please consult your tax advisor or review Questions 8 and 9 from the IRS on the Premium Tax Credit:

<http://www.irs.gov/Affordable-Care-Act/Individuals-and-Families/Questionsand-Answers-on-the-Premium-Tax-Credit>

10. My spouse and I claim our adult child as a dependent. We are all enrolled in separate health plans in NY State of Health. What is our Coverage Family Type?

Your Coverage Family Type is “Couple + Child(ren).”

11. I am enrolled in a health plan through NY State of Health. My wife is enrolled in Medicaid. What is my Coverage Family Type?

Your Coverage Family Type is “Individual.”

12. Why are my domestic partner and I separate coverage families?

Because domestic partnership is not a federal tax filing status, you and your partner are in separate tax households and are considered to be separate coverage families. Each of you will refer to the “Individual” column on the SLCSP chart.

13. I need to use the Monthly SLCSP table to identify my SLCSP premium. I know who was covered on my policy, but do not know which of these individuals are in my tax family.

In order to determine who is in your coverage household, you must first determine your tax family. The IRS defines “tax family” in the instructions for Form 8962. If you have further questions about who is in your tax family, please visit www.irs.gov or consult with your tax advisor.

14. If my spouse and I are enrolled in a plan with our children, how do we know if we should use the premium amount listed under “Dependent Children Under Age 26” or the premium amount listed under “Dependent Children Ages 26-29”?

If your tax dependent child is under age 26, use the amount listed under “Dependent Children Under Age 26.” If your tax dependent child is ages 26 to 29, use the “Dependent Children Ages 26-29” amount.