



## WE ARE SENDING YOU AN IMPORTANT TAX DOCUMENT

**You or a family member got help paying for health insurance in 2025 and you need this form for your federal tax return**

You or a family member got help paying for the health plan you bought through the NY State of Health last year. This financial help came in the form of a tax credit given “in advance” of filing taxes — that is, *when you enrolled in your health plan*. As a result, the IRS requires you to file IRS Form 8962 along with your federal tax return to settle your tax account for 2025. You can get Form 8962 at [www.irs.gov](http://www.irs.gov) and you will use the enclosed Form 1095-A to fill it out.

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**HELP WAS** The amount of your advance premium tax credit was based on your  
**BASED ON** estimated family income and information available at the time you enrolled.  
**YOUR INCOME**

When you complete IRS Form 8962, your final premium tax credit will be based on your actual income and the cost of the second lowest cost silver plan in the county where you live.

**If your final premium tax credit from IRS Form 8962 is less than your advance premium tax credit**, you might have to give back some of the tax credit in the form of higher taxes or a smaller refund.

**If your final premium tax credit from IRS Form 8962 is more than your advance premium tax credit**, you might get more financial help in the form of a larger refund or lower taxes.

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## IT IS IMPORTANT FOR YOU TO KNOW...

**WHY YOU MAY** You will get one Form 1095-A for each Bronze, Silver, Gold or Platinum health

**GET OTHER** plan you or a member of your family enrolled in during 2025. You will get more **FORMS** than one Form 1095-A if you had changes to your NY State of Health coverage during 2025. Form 1095-A is not sent for Catastrophic plans or for Medicaid, Child Health Plus, or the Essential Plan because these plans are not eligible for tax credits.

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

**WHY YOU MAY** If you or a family member were enrolled in Medicaid, Child Health Plus, or the **GET OTHER** Essential Plan in New York at some point in 2025, a Form 1095-B will be **FORMS** made available in your NY State of Health inbox. You may also request Form *continued* 1095-B from New York State Department of Health by calling 1-800-541-2831

or sending an email to 1095B@health.ny.gov. If you were enrolled in other types of coverage – such as a Catastrophic plan, Medicare Parts A or C, TRICARE, benefits from the Department of Veterans Affairs, or certain employer-sponsored health insurance – you may receive Form 1095-B or Form 1095-C from other sources.

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

If you have questions about Form 1095-A or the tax credit, **visit <http://info.nystateofhealth.ny.gov/TaxCredits>, call NY State of Health at 1-855-**

**766-7860, or call Community Health Advocates' Helpline at 1-888-614-5400.**

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

If you have questions about Form 8962 or other tax-related questions, visit **[www.irs.gov](http://www.irs.gov).**

## **NOTICE OF NONDISCRIMINATION POLICY**

NY State of Health complies with applicable Federal civil rights laws and state laws and does not discriminate on the basis of race, color, national origin, creed/religion, sex, age, marital/family status, disability, pregnancy-related condition, arrest record, criminal conviction(s), gender identity, sexual orientation, predisposing genetic characteristics, military status, domestic violence victim status and/or retaliation.

If you believe that NY State of Health has discriminated against you, you may file a complaint by going to: [www.health.ny.gov/regulations/discrimination\\_complaints/](http://www.health.ny.gov/regulations/discrimination_complaints/) or by emailing the Diversity Management Office at [DMO@health.ny.gov](mailto:DMO@health.ny.gov).

You may also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically at <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf> or by mail or phone at U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201; 1-800-368-1019 (TTY: 1-800-537-7697). Complaint forms are available at [www.hhs.gov/ocr/office/file/index.html](http://www.hhs.gov/ocr/office/file/index.html).

### **Accommodations**

NY State of Health provides free aids and services to people with disabilities to communicate effectively with us, such as:

- TTY through New York Relay Service
- If you are blind or seriously visually impaired and need notices or other written materials in an alternative format (large print, audio or data CD, or Braille), contact 1-855-355-5777 (TTY: 1800-662-1220).

NY State of Health also provides free language assistance services to people whose primary language is not English, such as:

- Qualified interpreters
- Written information in other languages

**If you need these services or for more information on Reasonable Accommodations, please call 1-855-355-5777 (TTY: 1-800-662-1220).**