



WE ARE SENDING YOU AN IMPORTANT TAX DOCUMENT

You or a family member did not get help paying for health insurance for some or all of 2017 and you might need this form for your federal tax return

You or a family member got health insurance through the NY State of Health in 2017 but did not get help paying for some or all of it in 2017. Depending on your income, you might still be able to get help at tax time. Help will come in the form of a tax credit (also called the Premium Tax Credit or PTC) that could increase your refund or decrease the amount of taxes you owe for your 2017 federal income taxes.

When you complete your federal income tax return, use IRS Form 8962 to determine if you can get this help. If IRS Form 8962 tells you that your income is more than 400% of the Federal Poverty Line (FPL), you do not qualify for the help. You can get Form 8962 at www.irs.gov.

HERE IS HOW TO GET HELP

If your income is at or below 400% of the Federal Poverty Level (FPL), here is how to get help. When you complete your federal tax return, fill out IRS Form 8962 using the enclosed Form 1095-A and one of the enclosed Premium Charts. IRS Form 8962 will tell you how much help you can get.

IT IS IMPORTANT FOR YOU TO KNOW...

WHY YOU MAY GET OTHER FORMS

You will get one Form 1095-A for each Bronze, Silver, Gold or Platinum health plans you or a member of your family enrolled in 2017. You will get more than one Form 1095-A if you had changes to your NY State of Health coverage during 2017. Form 1095-A is not sent for Catastrophic plans or 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.

If you or a family member were enrolled in Medicaid, Child Health Plus, or the Essential Plan in New York at some point in 2017, you will receive Form 1095-B from New York State. 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 will receive Form 1095-B or Form 1095-C from other sources. The NY State of Health only provides the Form 1095-A and does not provide the Form 1095-B or Form 1095-C.

**HOW TO
GET ANSWERS
TO YOUR
QUESTIONS**

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

If you have questions about Form 1095-A, the tax credit or the Premium Chart, 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.

HOW TO USE THE ENCLOSED CHARTS TO FIND YOUR MONTHLY SECOND LOWEST COST SILVER PLAN (SLCSP) PREMIUM FOR FORM 8962

Step 1.

Determine which table you should use based on the ages of tax dependent children in your household in 2017. Use Table I if you did not have any tax dependent children in 2017, or your dependent children were under age 26. Use Table II if you had tax dependent children between age 26 and 29 in 2017.

Step 2.

Find the county you lived in during each month of 2017.

Step 3.

Find the column heading (across) that best describes your "coverage family." The list below will help you find the right heading. Your coverage family includes everyone in your tax household who was enrolled in a NY State of Health health plan and excludes anyone who was eligible for other coverage such as: Medicaid, Child Health Plus, the Essential Plan, Medicare Parts A or C, TRICARE, benefits from the Department of Veterans Affairs, and most employer sponsored coverage.

Step 4.

Select the dollar amount in the column in your county row. This amount is the monthly SLCSP premium that applies to your county and coverage family each month.

If you had a change during the year, you could have different premiums for different months. If you moved from one county to another during 2017, you must pick the monthly premium for each month you lived in each county. And if your coverage family changed during 2017, you must pick the premium in the appropriate column for each month. For more information about how to fill out this form, read IRS Publication 974 and the instructions to IRS Form 8962.

YOUR COVERAGE FAMILY INCLUDES ...

USE COLUMN ...

YOU. You are the only person in your coverage family.

INDIVIDUAL

YOU plus SPOUSE. You and your spouse are in the same coverage family.

COUPLE

YOU plus SPOUSE. You and your spouse are enrolled in the same plan **but one of you had access to other “minimum essential coverage” (MEC), such as insurance through your employer.**

INDIVIDUAL

YOU plus DOMESTIC PARTNER*. You and your domestic partner are enrolled in the **same** plan but are in different coverage families.

INDIVIDUAL

YOU plus CHILD(REN). You and your child(ren) are enrolled in the same plan.

INDIVIDUAL + CHILDREN

YOU plus a CHILD. You and a child are enrolled in the same plan **but your child had access to other MEC.**

INDIVIDUAL

YOU, SPOUSE plus CHILD(REN).** You, your spouse and your child(ren) are enrolled in the same plan.

COUPLE + CHILDREN

A CHILD Only. Your child is not yet 21 and is enrolled in his or her own plan.

CHILD ONLY

*If your domestic partner is part of your tax household, you can use the “COUPLE” column instead of “INDIVIDUAL”.

** If your domestic partner is part of your tax household you may also use the “COUPLE+CHILDREN” column in this scenario.

Table I: 2017 Monthly Premiums for Second Lowest Cost Silver Plans (SLCSP), by Coverage Family Type

*USE THIS TABLE IF YOU HAVE NO TAX DEPENDENT CHILD(REN) OR IF YOU HAVE A TAX DEPENDENT CHILD(REN) BELOW AGE 26 ON YOUR POLICY

COUNTY	Individual	Couple	Individual + Child(ren)	Couple + Child(ren)	Child Only*
Albany	440.32	880.63	748.54	1254.90	198.47
Allegany	415.00	830.00	705.50	1182.75	180.22
Bronx	456.46	912.91	775.97	1300.90	188.06
Broome	513.26	1026.52	872.54	1462.78	227.85
Cattaraugus	415.00	830.00	705.50	1182.75	180.22
Cayuga	513.26	1026.52	872.54	1462.78	231.36
Chautauqua	415.00	830.00	705.50	1182.75	180.22
Chemung	562.52	1125.03	956.27	1603.17	262.53
Chenango	481.04	962.08	817.77	1370.97	216.83
Clinton	496.57	993.14	844.17	1415.23	217.67
Columbia	440.32	880.63	748.54	1254.90	198.47
Cortland	513.26	1026.52	872.54	1462.78	231.36
Delaware	522.14	1044.29	887.64	1488.11	227.94
Dutchess	553.26	1106.52	940.55	1576.79	227.94
Erie	396.98	793.96	674.86	1131.40	180.22
Essex	481.04	962.08	817.77	1370.97	216.83
Franklin	481.04	962.08	817.77	1370.97	216.83
Fulton	440.32	880.63	748.54	1254.90	198.47
Genesee	408.10	816.20	693.77	1163.08	180.22
Greene	440.32	880.63	748.54	1254.90	198.47
Hamilton	481.04	962.08	817.77	1370.97	216.83
Herkimer	496.57	993.14	844.17	1415.23	217.67
Jefferson	481.04	962.08	817.77	1370.97	216.83
Kings	456.46	912.91	775.97	1300.90	188.06
Lewis	481.04	962.08	817.77	1370.97	216.83
Livingston	390.79	781.58	664.34	1113.76	170.64
Madison	481.04	962.08	817.77	1370.97	216.83
Monroe	390.79	781.58	664.34	1113.76	170.64
Montgomery	454.53	909.07	772.71	1295.42	199.24
Nassau	453.37	906.77	770.75	1292.15	186.80
New York	456.46	912.91	775.97	1300.90	188.06
Niagara	396.98	793.96	674.86	1131.40	180.22

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

(Cont'd)

COUNTY	Individual	Couple	Individual + Child(ren)	Couple + Child(ren)	Child Only*
Oneida	481.04	962.08	817.77	1370.97	216.83
Onondaga	513.26	1026.52	872.54	1462.78	231.36
Ontario	390.79	781.58	664.34	1113.76	170.64
Orange	470.66	941.33	800.13	1341.39	204.74
Orleans	408.10	816.20	693.77	1163.08	180.22
Oswego	481.04	962.08	817.77	1370.97	216.83
Otsego	496.57	993.14	844.17	1415.23	217.67
Putnam	553.26	1106.52	940.55	1576.79	227.94
Queens	456.46	912.91	775.97	1300.90	188.06
Rensselaer	440.32	880.63	748.54	1254.90	198.47
Richmond	456.46	912.91	775.97	1300.90	188.06
Rockland	461.49	922.98	784.54	1315.25	190.13
St. Lawrence	481.04	962.08	817.77	1370.97	216.83
Saratoga	440.32	880.63	748.54	1254.90	198.47
Schenectady	440.32	880.63	748.54	1254.90	198.47
Schoharie	454.53	909.07	772.71	1295.42	199.24
Schuyler	562.52	1125.03	956.27	1603.17	262.53
Seneca	390.79	781.58	664.34	1113.76	170.64
Steuben	513.26	1026.52	872.54	1462.78	231.36
Suffolk	453.37	906.77	770.75	1292.15	186.80
Sullivan	553.26	1106.52	940.55	1576.79	227.94
Tioga	513.26	1026.52	872.54	1462.78	231.36
Tompkins	529.83	1059.65	900.71	1510.01	232.25
Ulster	566.06	1132.13	962.30	1613.28	255.15
Warren	440.32	880.63	748.54	1254.90	198.47
Washington	440.32	880.63	748.54	1254.90	198.47
Wayne	390.79	781.58	664.34	1113.76	170.64
Westchester	461.49	922.98	784.54	1315.25	190.13
Wyoming	408.10	816.20	693.77	1163.08	180.22
Yates	390.79	781.58	664.34	1113.76	170.64

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

Table II: 2017 Monthly Premiums for Second Lowest Cost Silver Plans (SLCSP), by Coverage Family Type (Families with Tax Dependents Ages 26-29)

***USE THIS TABLE IF YOU HAVE A TAX DEPENDENT CHILD(REN) AGES 26-29 ON YOUR POLICY**

COUNTY	Individual + Child(ren)	Couple + Child(ren)	COUNTY	Individual + Child(ren)	Couple + Child(ren)
Albany	775.09	1299.40	Niagara	682.84	1144.76
Allegany	713.85	1196.74	Oneida	825.95	1384.68
Bronx	808.07	1354.70	Onondaga	881.27	1477.41
Broome	881.27	1477.41	Ontario	670.98	1124.90
Cattaraugus	713.85	1196.74	Orange	865.84	1451.55
Cayuga	881.27	1477.41	Orleans	700.71	1174.71
Chautauqua	713.85	1196.74	Oswego	825.95	1384.68
Chemung	974.45	1633.64	Otsego	852.60	1429.38
Chenango	825.95	1384.68	Putnam	968.76	1624.11
Clinton	852.60	1429.38	Queens	808.07	1354.70
Columbia	775.09	1299.40	Rensselaer	775.09	1299.40
Cortland	881.27	1477.41	Richmond	808.07	1354.70
Delaware	904.51	1516.37	Rockland	814.77	1365.93
Dutchess	968.76	1624.11	St. Lawrence	825.95	1384.68
Erie	682.84	1144.76	Saratoga	775.09	1299.40
Essex	825.95	1384.68	Schenectady	775.09	1299.40
Franklin	825.95	1384.68	Schoharie	780.44	1308.38
Fulton	775.09	1299.40	Schuyler	974.45	1633.64
Genesee	700.71	1174.71	Seneca	670.98	1124.90
Greene	775.09	1299.40	Steuben	881.27	1477.41
Hamilton	825.95	1384.68	Suffolk	796.30	1334.96
Herkimer	852.60	1429.38	Sullivan	968.76	1624.11
Jefferson	825.95	1384.68	Tioga	881.27	1477.41
Kings	808.07	1354.70	Tompkins	909.72	1525.11
Lewis	825.95	1384.68	Ulster	971.92	1629.41
Livingston	670.98	1124.90	Warren	775.09	1299.40
Madison	825.95	1384.68	Washington	775.09	1299.40
Monroe	670.98	1124.90	Wayne	670.98	1124.90
Montgomery	780.44	1308.38	Westchester	814.77	1365.93
Nassau	796.30	1334.96	Wyoming	700.71	1174.71
New York	808.07	1354.70	Yates	670.98	1124.90

NOTICE OF NONDISCRIMINATION POLICY

NY State of Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, sex, age or disability in its health program and activities.

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

NY State of Health:

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- TTY through NY Relay Service
- Written information in other formats such as large print, audio, accessible electronic formats and other formats

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, contact 1-855-355-5777 (TTY 1-800-662-1220).

If you believe that NY State of Health has discriminated you may file a complaint by going to: http://www.health.ny.gov/regulations/discrimination_complaints/ or, by calling 518-473-1703 or 518-473-7883.

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/portal/lobby.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; 800-368-1019 (TTY 800-537-7697). Complaint forms are available at hhs.gov/ocr/office/file/index.html.