



## **WE ARE SENDING YOU AN IMPORTANT TAX DOCUMENT**

**You or a family member were enrolled in health insurance but did not get help paying for it for some or all of 2018 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 2018 but did not get help paying for some or all of it in 2018. Depending on your income, you might still be able to get financial 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 2018 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](http://www.irs.gov)**.

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### **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 the enclosed Premium Chart. IRS Form 8962 will tell you how much help you can get.

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## **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 plan you or a member of your family enrolled in during 2018. You will get more than one Form 1095-A if you had changes to your NY State of Health coverage during 2018. Form 1095-A is not sent for Catastrophic plans, 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 2018, 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 enclosed 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](http://www.irs.gov).**

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

**Step 1.**

Find the county you lived in during each month of 2018.

**Step 2.**

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 qualified 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 3.**

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

If you moved from one county to another during 2018, you must pick the monthly premium for each month you lived in each county. And if your coverage family changed during 2018, you must pick the appropriate premium 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 ...

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

**INDIVIDUAL**

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

**COUPLE**

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

**INDIVIDUAL**

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

**INDIVIDUAL**

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

**INDIVIDUAL + CHILDREN**

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**YOU plus a CHILD(REN).** You and a child are enrolled in the same plan **but your child had access to other minimum essential coverage.**

**INDIVIDUAL**

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

**COUPLE + CHILDREN**

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**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.

## 2018 Monthly Premiums for Second Lowest Cost Silver Plans (SLCSP), by Coverage Family Type

Coverage Type:			Dependent Children Under Age 26		Dependent Children Ages 26-29		
County	Individual	Couple	Individual + Child(ren)	Couple + Child(ren)	Individual + Child(ren)	Couple + Child(ren)	Child Only * Under 21
Albany	\$522.62	\$1,045.24	\$888.45	\$1,489.46	\$897.34	\$1,504.36	\$227.69
Allegany	\$520.91	\$1,041.82	\$885.55	\$1,484.59	\$899.89	\$1,508.63	\$229.65
Bronx	\$509.30	\$1,018.60	\$865.81	\$1,451.51	\$892.63	\$1,496.47	\$210.10
Broome	\$599.92	\$1,199.84	\$1,019.86	\$1,709.76	\$1,039.23	\$1,742.25	\$254.61
Cattaraugus	\$520.91	\$1,041.82	\$885.55	\$1,484.59	\$899.89	\$1,508.63	\$229.65
Cayuga	\$599.92	\$1,199.84	\$1,019.86	\$1,709.76	\$1,039.23	\$1,742.25	\$265.36
Chautauqua	\$520.91	\$1,041.82	\$885.55	\$1,484.59	\$899.89	\$1,508.63	\$229.65
Chemung	\$599.92	\$1,199.84	\$1,019.86	\$1,709.76	\$1,039.23	\$1,742.25	\$270.40
Chenango	\$570.71	\$1,141.43	\$970.21	\$1,626.53	\$979.91	\$1,642.80	\$248.65
Clinton	\$575.29	\$1,150.58	\$978.00	\$1,639.59	\$987.78	\$1,655.98	\$254.29
Columbia	\$522.62	\$1,045.24	\$888.45	\$1,489.46	\$897.34	\$1,504.36	\$227.69
Cortland	\$599.92	\$1,199.84	\$1,019.86	\$1,709.76	\$1,039.23	\$1,742.25	\$265.36
Delaware	\$539.48	\$1,078.96	\$917.11	\$1,537.52	\$952.11	\$1,596.19	\$254.72
Dutchess	\$618.25	\$1,236.50	\$1,051.02	\$1,762.01	\$1,082.56	\$1,814.89	\$254.72
Erie	\$520.91	\$1,041.82	\$885.55	\$1,484.59	\$899.89	\$1,508.63	\$229.65
Essex	\$570.71	\$1,141.43	\$970.21	\$1,626.53	\$979.91	\$1,642.80	\$248.65
Franklin	\$570.71	\$1,141.43	\$970.21	\$1,626.53	\$979.91	\$1,642.80	\$248.65
Fulton	\$522.62	\$1,045.24	\$888.45	\$1,489.46	\$897.34	\$1,504.36	\$227.69
Genesee	\$484.24	\$968.48	\$823.21	\$1,380.09	\$831.44	\$1,393.89	\$210.97
Greene	\$522.62	\$1,045.24	\$888.45	\$1,489.46	\$897.34	\$1,504.36	\$227.69
Hamilton	\$570.71	\$1,141.43	\$970.21	\$1,626.53	\$979.91	\$1,642.80	\$248.65
Herkimer	\$570.71	\$1,141.43	\$970.21	\$1,626.53	\$979.91	\$1,642.80	\$254.29
Jefferson	\$570.71	\$1,141.43	\$970.21	\$1,626.53	\$979.91	\$1,642.80	\$248.65
Kings	\$509.30	\$1,018.60	\$865.81	\$1,451.51	\$892.63	\$1,496.47	\$210.10
Lewis	\$570.71	\$1,141.43	\$970.21	\$1,626.53	\$979.91	\$1,642.80	\$248.65
Livingston	\$449.12	\$898.23	\$763.49	\$1,279.98	\$774.68	\$1,298.73	\$195.66
Madison	\$570.71	\$1,141.43	\$970.21	\$1,626.53	\$979.91	\$1,642.80	\$248.65
Monroe	\$449.12	\$898.23	\$763.49	\$1,279.98	\$774.68	\$1,298.73	\$195.66
Montgomery	\$526.81	\$1,053.61	\$895.57	\$1,501.40	\$904.53	\$1,516.42	\$232.87
Nassau	\$536.95	\$1,073.89	\$912.81	\$1,530.29	\$917.03	\$1,537.37	\$229.37

Coverage Type:	Individual	Couple	Dependent Children Under Age 26		Dependent Children Ages 26-29		Child Only * Under 21
County			Individual + Child(ren)	Couple + Child(ren)	Individual + Child(ren)	Couple + Child(ren)	
New York	\$509.30	\$1,018.60	\$865.81	\$1,451.51	\$892.63	\$1,496.47	\$210.10
Niagara	\$520.91	\$1,041.82	\$885.55	\$1,484.59	\$899.89	\$1,508.63	\$229.65
Oneida	\$539.48	\$1,078.96	\$917.11	\$1,537.52	\$934.54	\$1,566.72	\$248.65
Onondaga	\$576.12	\$1,152.23	\$979.40	\$1,641.93	\$998.01	\$1,673.14	\$265.36
Ontario	\$449.12	\$898.23	\$763.49	\$1,279.98	\$774.68	\$1,298.73	\$195.66
Orange	\$618.25	\$1,236.50	\$1,051.02	\$1,762.01	\$1,082.56	\$1,814.89	\$254.72
Orleans	\$484.24	\$968.48	\$823.21	\$1,380.09	\$831.44	\$1,393.89	\$210.97
Oswego	\$570.71	\$1,141.43	\$970.21	\$1,626.53	\$979.91	\$1,642.80	\$248.65
Otsego	\$570.71	\$1,141.43	\$970.21	\$1,626.53	\$979.91	\$1,642.80	\$254.29
Putnam	\$618.25	\$1,236.50	\$1,051.02	\$1,762.01	\$1,082.56	\$1,814.89	\$254.72
Queens	\$509.30	\$1,018.60	\$865.81	\$1,451.51	\$892.63	\$1,496.47	\$210.10
Rensselaer	\$522.62	\$1,045.24	\$888.45	\$1,489.46	\$897.34	\$1,504.36	\$227.69
Richmond	\$509.30	\$1,018.60	\$865.81	\$1,451.51	\$892.63	\$1,496.47	\$210.10
Rockland	\$515.72	\$1,031.43	\$876.72	\$1,469.79	\$910.24	\$1,525.99	\$212.47
Saratoga	\$522.62	\$1,045.24	\$888.45	\$1,489.46	\$897.34	\$1,504.36	\$227.69
Schenectady	\$522.62	\$1,045.24	\$888.45	\$1,489.46	\$897.34	\$1,504.36	\$227.69
Schoharie	\$526.81	\$1,053.61	\$895.57	\$1,501.40	\$904.53	\$1,516.42	\$232.87
Schuyler	\$599.92	\$1,199.84	\$1,019.86	\$1,709.76	\$1,039.23	\$1,742.25	\$270.40
Seneca	\$449.12	\$898.23	\$763.49	\$1,279.98	\$774.68	\$1,298.73	\$195.66
St Lawrence	\$570.71	\$1,141.43	\$970.21	\$1,626.53	\$979.91	\$1,642.80	\$248.65
Steuben	\$599.92	\$1,199.84	\$1,019.86	\$1,709.76	\$1,039.23	\$1,742.25	\$265.36
Suffolk	\$536.95	\$1,073.89	\$912.81	\$1,530.29	\$917.03	\$1,537.37	\$229.37
Sullivan	\$618.25	\$1,236.50	\$1,051.02	\$1,762.01	\$1,082.56	\$1,814.89	\$254.72
Tioga	\$599.92	\$1,199.84	\$1,019.86	\$1,709.76	\$1,039.23	\$1,742.25	\$265.36
Tompkins	\$609.09	\$1,218.18	\$1,035.46	\$1,735.91	\$1,045.82	\$1,753.26	\$270.40
Ulster	\$618.25	\$1,236.50	\$1,051.02	\$1,762.01	\$1,082.56	\$1,814.89	\$254.72
Warren	\$522.62	\$1,045.24	\$888.45	\$1,489.46	\$897.34	\$1,504.36	\$227.69
Washington	\$522.62	\$1,045.24	\$888.45	\$1,489.46	\$897.34	\$1,504.36	\$227.69
Wayne	\$449.12	\$898.23	\$763.49	\$1,279.98	\$774.68	\$1,298.73	\$195.66
Westchester	\$515.72	\$1,031.43	\$876.72	\$1,469.79	\$910.24	\$1,525.99	\$212.47
Wyoming	\$484.24	\$968.48	\$823.21	\$1,380.09	\$831.44	\$1,393.89	\$210.97
Yates	\$449.12	\$898.23	\$763.49	\$1,279.98	\$774.68	\$1,298.73	\$195.66

\* 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. 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.

## **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/](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](https://hhs.gov/ocr/office/file/index.html).