

TAX CREDITS, FORM 1095-A AND FORM 1095-B WHAT YOU NEED TO KNOW

TODAY'S WEBINAR



- Dial in to listen to the audio portion of the webinar using the audio instructions on your WebEx control panel.
- All participants will remain muted for the duration of the program.
- Questions can be submitted using the Q&A function on your WebEx control panel; we will pause periodically to take questions.
- A recording of the webinar and any related materials will be available online and emailed to all registrants.

PRESENTERS

Welcome

Joseph Muldoon

Director, Small Business Marketplace

Today's Presenters

Sergio Garufi

Medical Assistance Specialist III

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Regional Director, Small Business Marketplace

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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 Brokers
- Tools for Brokers 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 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 a 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, 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 2015 income.
- When enrollees file their federal tax returns, they will report their actual 2015 income.
- APTC taken by an individual during the tax year is compared to the PTC based on the actual 2015 income.
 - If estimated income was lower than actual income, an enrollee might have to pay back all or some of the tax credits received.
 - If estimated income was higher than actual income, an enrollee might get additional tax credits.

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.
- There is no reconciliation for the state portion of APTC Premium Assistance.

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 2015.
- When Juan signed up for coverage, he estimated his 2015 income to be \$28,000 (244%FPL).
 - He was eligible for an APTC of \$111.46 per month and used the full amount towards his premium, for an annual total of \$1,337.52.
- When Juan completes his federal tax return, his actual 2015 income was \$22,000 (191% FPL).
 - The amount of PTC he is eligible for based on actual income is \$185.83 per month or \$2,229.96 for the year.

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



\$1337.52

Amount of ATPC Juan used

\$2229.96

Amount of PTC Juan is eligible for*

+ **\$892.44**

Additional credit of \$892.44 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	Married filing jointly
< 200%	\$300	\$600
≥ 200% - < 300%	\$750	\$1,500
≥ 300% - < 400%	\$1,250	\$2,500
≥ 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 2015.
- When Christine signed up for coverage, she estimated her 2015 income to be \$20,000 (174%FPL).
 - She was eligible for an APTC of \$209.02 per month and used the full amount towards her premium, for an annual total of \$2,508.24.
- When Christine completes her federal tax return, her actual 2015 income is \$26,000 (226%FPL).
 - The amount of PTC she is eligible for, based on actual income, is \$137.71 per month or \$1652.52 for the year.

EXAMPLE 2 (CONT'D): REPAYMENT OF APTCs

\$2508.24
\$1652.52

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

- **\$855.72**

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 is discussed later.

PROCESS TO RECONCILE APTC AND CLAIM PTC

Step 1:

NY State of Health sends 2015 enrollment information to QHP enrollees in January 2016

- 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

- Mailed to recipients by January 31, 2016
- 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 17 languages

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.

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

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.

FORM 1095-A: APTC & GRACE PERIODS



Example:

- January 2015: Helen and Maurice enrolled in a health plan with financial assistance.
- January – May 2015: They paid their share of the premium each month.
- June 2015: They did not pay their premium for June. They started the 90 grace period. APTC was paid to the health plan for June.
- September 2015: 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 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 2015, but enrollees can update their information for 2016.
- **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.

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
 - 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.

Form **1095-B** Health Coverage

Department of the Treasury Internal Revenue Service

560115 OMB No. 1545-2252

VOID CORRECTED 2015

Information about Form 1095-B and its separate instructions is at www.irs.gov/form1095b.

Part I Responsible Individual

1 Name of responsible individual 2 Social security number (SSN) 3 Date of birth (if SSN 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 Policy (see instructions for codes): 9 Small Business Health Options Program (SHOP) Marketplace identifier, if applicable

Part II 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(s).)

(a) Name of covered individual(s)	(b) SSN	(c) DOB (if SSN 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 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 and CHPlus 1095-B forms.

Part III

- Lines 16-22 report information about coverage provider.
- For MA and CHPlus, 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 and CHPlus consumers.

VOID

OMB No. 1545-2252

CORRECTED

2015

560115

Department of the Treasury
Internal Revenue Service

Information about Form 1095-B and its separate instructions is at www.irs.gov/form1095b.

Part I Responsible Individual

1 Name of responsible individual		2 Social security number (SSN)	3 Date of birth (if SSN 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 Policy (see instructions for codes):				9 Small Business Health Options Program (SHOP) Marketplace identifier, if applicable

Part II 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(s).)

(a) Name of covered individual(s)	(b) SSN	(c) DOB (if SSN 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) or their tax professional.

MEDICAID CONSUMERS

Form 1095-B for Medicaid coverage will be issued by NYS Department of Health. This includes individuals whose coverage is through LDSS or HRA.

- Every household member and every Client Identification Number (CIN) that had qualifying coverage will receive a Form 1095-B. This means some consumers may receive multiple Forms 1095-B for Medicaid coverage.
- Medicaid 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 Medicaid 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 Forms 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.
- Children who were enrolled directly with a CHPlus plan and later enrolled in CHPlus through NY State of Health will receive form(s) from the NYS Department of Health.

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.

BROKERS 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
- 2016 Enrollment
 - Know how to update information for consumers who need to change their 2016 application, based on 2015 tax return

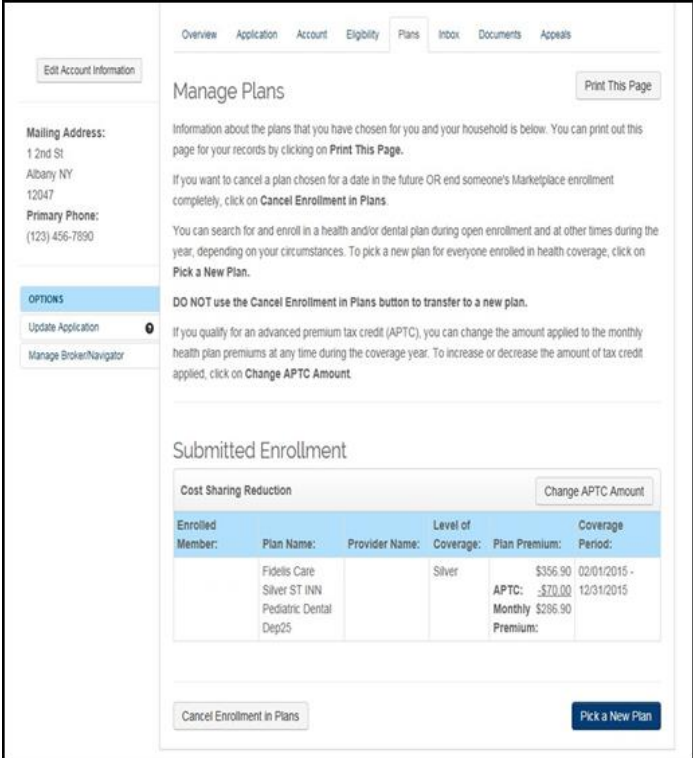
BROKERS ROLES AND RESPONSIBILITIES

- Brokers cannot provide tax advice in their role as a NY State of Health Broker.
- 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 BROKERS 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

Manage Plans

Print This Page

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

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: -\$70.00 Monthly Premium: \$286.90	02/01/2015 - 12/31/2015

Cancel Enrollment in Plans

Pick a New Plan

TOOLS FOR BROKERS 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

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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

Change APTC Amount

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

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)			
In Coverage Start Date: 02/01/2015			
Health Plan	Monthly Premium	Advance Premium Tax Credit	Amount you Would Owe
Current Plan Name: IN 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

\$

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

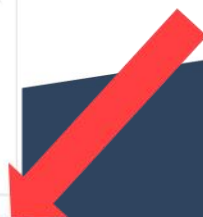
\$70.00

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.



- ✓ 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 BROKERS 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 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 CHPlus and Medicaid.
- NY State of Health Medicaid and CHPlus 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	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 (1-855-766-7860)	For reprints and corrections contact NY State of Health (1-855-766-7860)	For reprints and corrections contact NY State of Health (1-855-766-7860)	For reprints and corrections refer to the health plan	For reprints and corrections refer to the employers
For tax questions refer to: www.irs.gov or tax professionals	For tax questions refer to: www.irs.gov or tax professionals	For tax questions refer to: www.irs.gov or tax professionals	For tax questions refer to: www.irs.gov or tax professionals	For tax questions refer to: www.irs.gov or tax professionals

WHAT QUESTIONS DO YOU HAVE?

