



Name  
Street Address 1  
Street Address 2  
City, State ZIP Code

Month ##, #####  
Account ID: AC#####

**We are sending you an important tax document**

We are sending you this document because you or a family member enrolled in health insurance coverage without financial assistance through NY State of Health for all or part of 2014. You or a family member either did not qualify for or did not take advance payments of the Premium Tax Credit (PTC) when you or a family member enrolled. The (PTC) is a tax credit that may provide you financial assistance to help offset premium costs. Eligible tax filers can claim the PTC on their Federal income tax return. To determine if you qualify for the PTC visit the IRS at [www.irs.gov](http://www.irs.gov). You must file IRS Form 8962, Premium Tax Credit, to claim the tax credit. Form 8962 is available from the IRS at [www.irs.gov](http://www.irs.gov). This letter provides you with information you will need to complete the Form 8962.

Along with this letter, you will find Form 1095-A, Health Insurance Marketplace Statement. You will receive one Form 1095-A for each plan your or a member of your tax family enrolled in during 2014. The IRS defines the tax family in the instructions for Form 8962. We have also included a table called: 2014 Monthly Premium Amount of Second Lowest Cost Silver Plans (SLCSPs). You will need it and Form 1095-A to complete Form 8962 to claim the PTC.

**IT IS IMPORTANT FOR YOU TO KNOW**

**...If your annual household income is at or below 400% of the Federal poverty line.**

In general, only tax filers whose annual household income is at or above 100% and at or below 400% of the Federal Poverty Line can claim PTC. The instructions for Form 8962 will help you determine if you meet the eligibility requirements for this credit.

If your annual household income is below 100% of the Federal Poverty Line, review the instructions for Form 8962 to determine if you can claim PTC.

If your income is greater than 400% of the Federal Poverty Line, you do not qualify for the PTC. You can disregard this letter and you do not need to file Form 8962 with your taxes.

**IT IS IMPORTANT FOR YOU TO KNOW**

**... What Form 1095-A is.**

Form 1095-A is a tax document like a W-2 or a form from the 1099 series that you might use to complete your 2014 federal tax return. Please keep this form for your records. It provides information you need to complete Form 8962.

The Form 1095-A is only issued for qualified health plans purchased through the Marketplace at the Bronze, Silver, Gold and Platinum levels. The Form 1095-A is not issued for Catastrophic

plans or for Medicaid or Child Health Plus plans because consumers in these plans are not eligible for PTC.

**IT IS IMPORTANT FOR YOU TO KNOW**  
**... How to use the Monthly SLCSP table.**

The Monthly SLCSP table has information that you will need to complete Form 8962. The first column of the table lists the counties in New York State. The next five columns list the monthly premium prices for the second lowest cost silver plans (SLCSPs) in that county for different types of health insurance plans. This is also called the applicable monthly SLCSP premium.

To pick the correct monthly SLCSP premium, you must identify the county you lived in each month. If you moved from one county to another during 2014, you must pick the monthly SLCSP premium for each month you lived in each county. To pick the correct monthly SLCSP premium, you must also identify your coverage family for each month. Your coverage family includes everyone in your tax family who is enrolled in a health plan and excludes anyone who was eligible for other minimum essential coverage (MEC) (described next). The number of people in your coverage family could change from month to month. With some exceptions, if an enrollee had access to other MEC, **do not** include him or her in your coverage family when choosing a type of health insurance plan from the SLCSP table. This is because individuals who have access to other MEC are not eligible for PTC. Your applicable monthly SLCSP premium is the monthly SLCSP premium that applies to your county and coverage family each month.

Types of MEC include but are not limited to:

- Government-sponsored programs like Medicaid, Medicare parts A or C, TRICARE, benefits administered by the Department of Veterans Affairs, and Child Health Plus.
- Most employer-sponsored coverage.

There are exceptions to these rules for determining whether you or a family member is eligible for MEC. For more information consult IRS Publication 974. The instructions to Form 8962 and Publication 974 also describe who are members of the coverage family in more detail.

Below are some examples of coverage families and the column of the SLCSP table with the applicable monthly SLCSP premium each should use. If you do not see an example that matches your family or you have questions about which column to use, contact us for help (explained next).

<b>YOUR COVERAGE FAMILY INCLUDES ...</b>	<b>USE COLUMN ...</b>
<b>YOU.</b> You are the only person in your coverage family.	<b>Individual</b>
<b>YOU plus SPOUSE.</b> You and your spouse are	<b>Couple</b>

in the same coverage family.

---

**YOU plus SPOUSE.** You and your spouse are enrolled in the same plan **but one of you had access to other MEC.**

**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 child(ren) are enrolled in the same plan.

**Individual + Child(ren)**

---

**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 or domestic partner and your child(ren) are enrolled in the same plan.

**Couple + Child(ren)**

---

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

**Child Only**

---

### **IT IS IMPORTANT FOR YOU TO KNOW ... Who to contact for help.**

If you have questions about Form 1095-A, Minimum Essential Coverage, PTC or the SLCSP table, visit [www.info.nystateofhealth.ny.gov/taxcredits](http://www.info.nystateofhealth.ny.gov/taxcredits) or call Community Health Advocates' Helpline at 1-888-614-5400.

If you think we made a mistake on your 1095-A, call NY State of Health at 1-855-766-7860.

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