

Marketplace Coverage and the 1095-A Form

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NC COMMUNITY HEALTH CENTER ASSOCIATION

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Health Coverage and Federal Tax Return

Coverage
through the
Marketplace in
2014

Other Health
Coverage

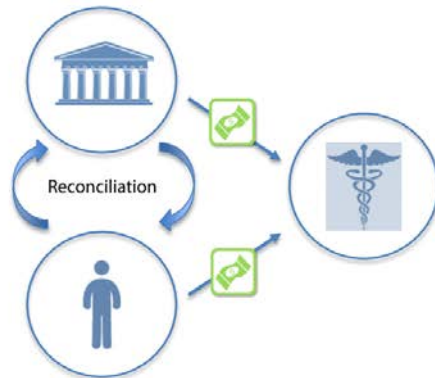
Didn't Have
Coverage for All
or Part of 2014



Premium Tax Credit

In advance:

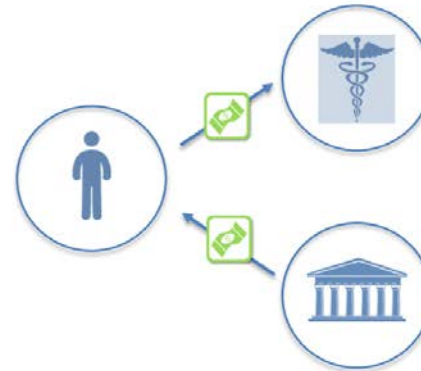
Forwarded to the insurer
monthly to reduce premiums



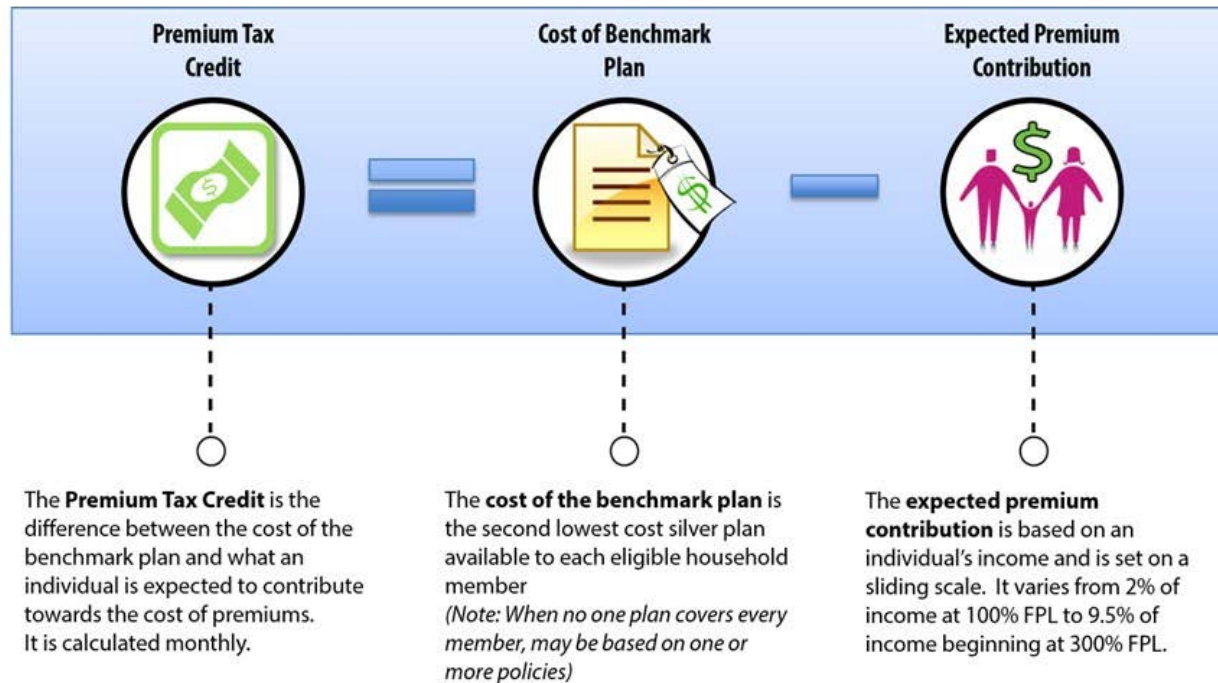
or

At tax time:

Claimed as a lump
sum at the end of the year



How to Calculate the Premium Tax Credit



Reconciling APTC

**APTC Joe received
based on the
income he
estimated when
he applied for
Marketplace
coverage**

vs.

**Actual amount of
PTC Joe is eligible
for based on his
actual income
reported on his
2014 tax return**



Reconciling APTC

If a consumer TOOK LESS advance payments of PTC than the actual credit they're eligible for

Consumer will get difference as credit on their tax return

If the consumer TOOK MORE advance payments of the premium tax credit than the actual credit they're eligible for

Consumer will need to pay either the full difference or a portion of the difference depending on their income; this amount will be added to their tax bill with their tax return or it will be subtracted from their refund.

Repayment Limits for APTC

Repayment Limits for Advance Premium Tax Credits, 2014

Income as percentage of poverty line	Annual income for an individual	Repayment level for single taxpayers	Annual income for a family of four	Repayment limit for married taxpayers filing jointly
Under 200%	Under \$22,908	\$300	Under \$47,100	\$600
At least 200% but less than 300%	\$22,980 - \$34,470	\$750	\$47,100 - \$70,650	\$1,500
At least 300% but less than 400%	\$34,470 - \$45,960	\$1,250	\$70,650 - \$94,200	\$2,500
400% and above	\$45,960 and higher	Full amount	\$94,200 and higher	Full amount

Process for People Who Enrolled in Coverage Through Marketplace

1. The Marketplace will send consumers who enrolled through the Marketplace a new form, the 1095-A, which they will need to file their taxes.

Get 1095-A form from Marketplace.

Check form 1095-A for errors.

File taxes and complete necessary forms to reconcile PTC.

PTC a consumer was eligible for in 2014.

7. They may need to take other steps to indicate they are eligible for an exemption for any months not covered or calculate their shared responsibility payment for months they were uncovered and not exempt.

Form **1095-A**

Health Insurance Marketplace Statement

OMB No. 1545-2232

Department of the Treasury
Internal Revenue Service

► Information about Form 1095-A and its separate instructions is at www.irs.gov/form1095a.

CORRECTED

2014

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 Coverage Household

A. Covered Individual Name	B. Covered Individual SSN	C. Covered Individual Date of Birth
16		
17		
18		
19		
20		

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			
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			

Form **8962**

Premium Tax Credit (PTC)

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 1040, 1040A, or 1040NR.**
▶ **Information about Form 8962 and its separate instructions is at www.irs.gov/form8962.**

2014
Attachment
Sequence No. **73**

Name shown on your return

Your social security number

Relief
(see instructions)

Part 1: Annual and Monthly Contribution Amount

1	Family Size: Enter the number of exemptions from Form 1040 or Form 1040A, line 6d, or Form 1040NR, line 7d	1	
2a	Modified AGI: Enter your modified AGI (see instructions) 2a	2b	Enter total of your dependents' modified AGI (see instructions)
3	Household Income: Add the amounts on lines 2a and 2b	3	
4	Federal Poverty Line: Enter the federal poverty amount as determined by the family size on line 1 and the federal poverty table for your state of residence during the tax year (see instructions). Check the appropriate box for the federal poverty table used. a <input type="checkbox"/> Alaska b <input type="checkbox"/> Hawaii c <input type="checkbox"/> Other 48 states and DC	4	
5	Household Income as a Percentage of Federal Poverty Line: Divide line 3 by line 4. Enter the result rounded to a whole percentage. (For example, for 1.542 enter the result as 154, for 1.549 enter as 155.) (See instructions for special rules.)	5	%
6	Is the result entered on line 5 less than or equal to 400%? (See instructions if the result is less than 100%) <input type="checkbox"/> Yes. Continue to line 7. <input type="checkbox"/> No. You are not eligible to receive PTC. If you received advance payment of PTC, see the instructions for how to report your Excess Advance PTC Repayment amount.		
7	Applicable Figure: Using your line 5 percentage, locate your "applicable figure" on the table in the instructions	7	
8a	Annual Contribution for Health Care: Multiply line 3 by line 7 8a	8b	Monthly Contribution for Health Care: Divide line 8a by 12. Round to whole dollar amount

Part 2: Premium Tax Credit Claim and Reconciliation of Advance Payment of Premium Tax Credit

9 Did you share a policy with another taxpayer or get married during the year and want to use the alternative calculation? (see instructions)
 Yes. Skip to Part 4, Shared Policy Allocation, or Part 5, Alternative Calculation for Year of Marriage. **No. Continue to line 10.**

10 Do all Forms 1095-A for your tax household include coverage for January through December with no changes in monthly amounts shown on lines 21-32, columns A and B?
 Yes. Continue to line 11. Compute your annual PTC. Skip lines 12-23 **No. Continue to lines 12-23.** Compute your monthly PTC and continue to line 24.

Annual Calculation	A. Premium Amount (Form(s) 1095-A, line 33A)	B. Annual Premium Amount of SLCSP (Form(s) 1095-A, line 33B)	C. Annual Contribution Amount (Line 8a)	D. Annual Maximum Premium Assistance (Subtract C from B)	E. Annual Premium Tax Credit Allowed (Smaller of A or D)	F. Annual Advance Payment of PTC (Form(s) 1095-A, line 33C)
11 Annual Totals						

When & how will consumers receive the 1095-A?



Marketplace began mailing forms on January 10. All forms will be postmarked by February 2.



Through HealthCare.gov Account.
Messages or New Tax Forms Section of Account

What if consumers don't receive the form?

- Consumers should be able to access their 1095-A form in their online account. If they don't have an online account, they can create one and use the “find my application” function.
- If consumers haven't received a Form 1095-A by early February, they should call the Marketplace Call Center.
- 1095-A can be re-printed and mailed to consumers. Consumers should check what address the Marketplace sent original form to.

Form **1095-A**

Health Insurance Marketplace Statement

Department of the Treasury
Internal Revenue Service

► Information about Form 1095-A and its separate instructions is at www.irs.gov/form1095a.

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	
7 Recipient's spouse's name	8 Recipient's spouse's SSN	
10 Policy start date	11 Policy termination date	12 Street address (including apartment or suite number)
13 City or town	14 State or province	15 Country and ZIP or foreign postal code

Part II Coverage Household

A. Covered Individual Name	B. Covered Individual SSN	C. Covered Individual Date of Birth	D. Coverage State
16			
17			
18			

The Policy issuer's name listed will be the official business name of the insurance company.

Important to check the policy start and end dates to make sure it matches consumer's records. Consumer may receive multiple 1095-A forms if they were enrolled in different QHPs during 2014.

Stand Alone Dental Plan information will not be listed.

Part II Coverage Household

	A. Covered Individual Name	B. Covered Individual SSN	C. Covered Individual Date of Birth	D. Covered Individual Start Date	E. Covered Individual Termination Date
16					
17					

18 Confirm all covered individuals are listed and the correct start and end dates are listed.

- Should include all members of tax HH who enrolled in the same QHP.
- Separate 1095-A form will be generated for each policy in which the HH enrolled.
- Members of the household will be included on the form regardless of whether they received financial assistance (i.e., APTC)
- Households of more than 5 enrolled members will receive an additional Form 1095-A that continues Part II

Part III Household Information

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33 Annual Totals			

Monthly Premium Amount

- Total monthly premium for the policy.
- This may NOT be the amount that a consumer paid for the plan.
- Does not include any applied APTC.
- Does not reflect tobacco surcharge.
- Increased for premiums for a stand-alone dental plan allocated to pediatric dental benefits.

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Second Lowest Cost Silver Plan

- The SLCSP is the silver plan with the second lowest premium in the consumer’s county.
- This is not necessarily the plan the consumer enrolled in.
- Check accuracy of this premium by using tool on HealthCare.gov
 - <https://www.healthcare.gov/taxes/tools/silver/>

Tax Tool: Look up the premium for your 2014 second lowest cost Silver plan (SLCSP)

You may need to use this tool to complete IRS **Form 8962** to calculate your 2014 premium tax credit. Most people will find the premium of their second lowest cost Silver plan (SLCSP) on their **Form 1095-A**. If the information isn't on that form, or if it's not updated, you'll need to use this tool.

You'll also need to use this tool if you're filling out **Form 8965** to claim an exemption because insurance was considered unaffordable for you in 2014. Your SLCSP shows how much financial assistance you would have been eligible for.

What is the second lowest cost Silver plan (SLCSP) and why do I need to know it?

Use this tool to look up the premium amounts for the second lowest cost Silver plan that was available to each member of your family for each month of 2014. When you get your results, we'll tell you how to use the information to complete your tax forms.

What you'll need to know:

- The ZIP code and county where you lived for each month of 2014 you had coverage

Tax Tool: Look up the premium for your 2014 second lowest cost Silver plan (SLCSP)

Add location

ZIP code where you lived in 2014

28334 Cumberland County, NC

DID YOU LIVE AT THIS ZIP CODE FOR ALL 12 MONTHS OF 2014?

- Yes
- No

ADD LOCATION

Your 2014 second lowest cost Silver plan (SLCSP) premiums

These monthly premiums are used to calculate your premium tax credit. Enter these amounts on IRS **Form 8962** when you file your 2014 federal income taxes.

January (IRS Form 8962, line 12, column B)

(28334, Cumberland County, NC)

Family member #1 (Primary, Age 35)

MONTHLY PREMIUM

\$314.62

February (IRS Form 8962, line 13, column B)

(28334, Cumberland County, NC)

Family member #1 (Primary, Age 35)

MONTHLY PREMIUM

\$314.62

March (IRS Form 8962, line 14, column B)

(28334, Cumberland County, NC)

Family member #1 (Primary, Age 35)

MONTHLY PREMIUM

\$314.62

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33 Annual Totals			

Monthly Advance Payment of Premium Tax Credit

- Amount of APTC on behalf of consumers
- This is not the same as the consumer paid out of pocket

What if there are errors on 1095-A?

Marketplace Call Center

1-800-318-2596



Additional Resources

For consumers: <https://www.healthcare.gov/taxes/>

For assisters:

<https://marketplace.cms.gov/technical-assistance-resources/tax-information.html>

