Marketplace Coverage Affordability
Worksheet for Form 8965

(Keep for your records)

2018

Name(s) as shown on return   Tax ID Number

CAUTION!   *Don't complete this worksheet unless you were instructed to do so in the Affordability Worksheet.*

1. Enter the monthly premium for the lowest cost bronze plan (or if no bronze plan is available through the Marketplace, the lowest cost metal level plan) that covers everyone in your tax household for whom you list on your 2018 tax return (such as yourself, your spouse is filing jointly, and your dependents) and who can't be claimed as a dependent on someone else's 2018 tax return, who isn't eligible for employer coverage, and who doesn't qualify for another coverage exemption for the month. To find the lowest cost bronze plan (or if no bronze plan is available through the Marketplace, the lowest cost metal level plan), go to *www.HealthCare.gov/tax-tool* or the Maketplace for your area. (If you are married and file a separate return, enter the monthly premium here and on line 12. Don't complete lines 2 through 11) . . . . _____

2. Enter your household income (see <u>Household income</u>) . . . . _____

3. Enter the total of all nontaxable social security benefits received by you, your spouse, and each claimed dependent who must file a tax return[1] . . . . _____

4. Add lines 2 and 3 . . . . _____

5. Enter the <u>federal poverty line</u> for the number of individuals in your tax household less any dependents not claimed. _____

6. Divide line 4 by line 5. If the result (without rounding) is less than 1.0 or more than 4.0, skip lines 7 through 10 and enter -0- on line 11[2] . . . . _____

7. Multiply line 6 by 100 and round down to the nearest whole number. Enter the applicable figure for the result from the table in the instructions for Form 8962, line 7 . . . . _____

8. Multiply line 4 by line 7 . . . . _____

9. Divide line 8 by 12.0 . . . . _____

10. Enter the monthly premium for the second lowest cost silver plan premium that covers everyone in your tax household, who you list on your 2018 tax return (such as yourself, your spouse if filing jointly, and your dependents) and who can't be claimed as a dependent on someone else's 2018 tax return, who isn't eligible for minimum essential coverage (other than <u>individual market coverage</u>), and who doesn't qualify for another coverage exemption for the month. If one or more members of your tax household meet this criteria, find the second lowest cost silver plan for those members at *www.HealthCare.gov/tax-tool* or the Marketplace for your area. If no one in your tax household meets this criteria (for example, everyone in your tax household is eligible for Medicaid or qualifies for a coverage exemption), enter -0- . . . . . _____

11. Subtract line 9 from line 10. If zero or less, enter -0- . . . . _____

12. Subtract line 11 from line 1. If zero or less, enter -0-. This is the individual's required contribution for the month . . . . . . _____

13. Is the individual eligible for this coverage for every month of the year?

☐ **Yes.** Multiply line 12 by 12.0. This is the annualized required contribution. Enter this amount in the space for every month on the <u>Affordability Worksheet</u> . . . . _____

☐ **No.** Multiply line 12 by 12.0. This is the annualized required contribution. Enter this amount in the space on the <u>Affordability Worksheet</u> for each month the individual was eligible for the coverage being tested . . . . _____

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[1] Figure the nontaxable social security benefits received by that individual by subtracting Form 1040, line 5b from Form 1040, line 5a.

[2] If the result is less than 1.38 and you or another member of your tax household resided in a state that didn't expand Medicaid, you can claim a coverage exemption (see <u>Resident of a state that didn't expand Medicaid (code "G")</u>).

  If the result is less than 1.38, you or another member of your tax household resided in a state that did expand Medicaid (states other than those listed at <u>Resident of a state that didn't expand Medicaid (ocde "G")</u>), and you meet the Medicaid eligibility requirements, you're eligible for Medicaid and therefore not eligible for a premium tax credit. Enter -0- on line 10.