

Marketplace Coverage Affordability Worksheet for Form 3853

2023

(Keep for your records)

Name(s) as shown on return

Tax ID Number

Do not complete this worksheet unless you were instructed to do so in the Affordability Worksheet.

1. Enter the gross monthly premium for the lowest cost bronze plan that covers everyone in your applicable household who you list on your 2023 tax return (such as yourself, your spouse/RDP if filing jointly, and your dependents) and who cannot be claimed as a dependent on someone else's 2023 tax return, who is not eligible for employer coverage, and who does not qualify for another coverage exemption for the month. To find the lowest cost bronze plan, go to **coveredca.com/3853**. If you are married and file a separate tax return, enter the monthly premium here and on line 12. Do not complete line 2 through line 11 1. _____
2. Enter your applicable household income (see Applicable household income on page 2) 2. _____
3. Enter the total of all nontaxable social security benefits* received by you, your spouse/RDP, and each claimed dependent who must file a tax return 3. _____
4. Add line 2 and line 3 4. _____
5. Enter the federal poverty line for the number of individuals in your applicable household less any dependents not claimed. 5. _____
6. Divide line 4 by line 5. If the result (without rounding) is less than 1.0, skip lines 7 through 10 and enter -0- on line 11 6. _____
7. Multiply line 6 by 100 and round down to the nearest whole number. Use the Federal Applicable Figure Table on page 12 to determine the applicable figure to enter here 7. _____
8. Multiply line 4 by line 7 8. _____
9. Divide line 8 by 12.0 9. _____
10. Enter the gross monthly premium for the second lowest cost silver plan premium that covers everyone in your applicable household, who you list on your 2023 tax return (such as yourself, your spouse/RDP if filing jointly, and your dependents) and who cannot be claimed as a dependent on someone else's 2023 tax return, who is not eligible for MEC (other than individual market coverage), and who does not qualify for another coverage exemption for the month. If one or more members of your applicable household meet this criteria, find the second lowest cost silver plan for those members at **coveredca.com/3853**. If no one in your applicable household meets this criteria (for example, everyone in your applicable household is eligible for Medi-Cal (Medicaid) or qualifies for a coverage exemption), enter -0- 10. _____
11. Subtract line 9 from line 10. If zero or less, enter -0- 11. _____
12. Subtract line 11 from line 1. If zero or less, enter -0-. This is the individual's required contribution for the month 12. _____
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 Affordability Worksheet 13a. _____
 - ☐ **No.** Multiply line 12 by 12.0. This is the annualized required contribution. Enter this amount in the space on the Affordability Worksheet for each month the individual was eligible for the coverage being tested. 13b. _____

* Calculate the nontaxable social security benefits received by that individual by subtracting federal Form 1040 or Form 1040-SR, line 6b from federal Form 1040 or Form 1040-SR, line 6a.