

2017

Lowest Cost Bronze Plan (LCBP) Worksheet

Use this tool if you are filing Form 8965 on your federal tax return and claiming you should have an exemption from the requirement to have health coverage because coverage is not affordable.

You may qualify for this exemption if the amount you would have paid for the lowest cost plan through Maryland Health Connection is more than 8.16% of your household income (Modified Adjusted Gross Income) for the 2017 tax year.

Learn more at MarylandHealthConnection.gov/taxes.

STEP 1

Determine what Maryland counties you lived in during the coverage year.

Write the counties here and month(s) in which you lived in each.

County: _____ for Month(s) _____

County: _____ for Month(s) _____

County: _____ for Month(s) _____

STEP 2

For each person who was enrolled in your plan through Maryland Health Connection, use the directions on page 3 to write down his or her monthly cost BY AGE (when coverage started) and BY COUNTY below. If you lived in Calvert, Charles, or Frederick counties, you will need to use your ZIP code to determine your monthly cost under Tables 1 or 2.

TIPS:

- ✗ Count **only** household members who are not eligible for coverage through their employer, through other means like Medicaid and MCHP, and who you claim on your taxes.
- ✗ For households with more than three members age 20 or younger, include only the three oldest children.
- ✗ If you moved from one ZIP code to another, your new monthly cost will begin the month after you moved.

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Month	Primary	Member 1	Member 2	Member 3	Member 4	Member 5	Member 6	Monthly Household Total
JAN								
FEB								
MARCH								
APRIL								
MAY								
JUNE								
JULY								
AUG								
SEP								
OCT								
NOV								
DEC								
YEAR TOTAL								

STEP 3

Write down your income (Modified Adjusted Gross Income) for 2017 and multiply it by 8.16%

Part A: \$ _____ x .0816 = \$ _____

Part B: Add the numbers in the "Monthly Household Total" column in STEP 2 above: \$ _____

If your answer to Part A is less than Part B, you may qualify for the health coverage exemption due to unaffordable coverage.

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Residents of Allegany County, Caroline County, Cecil County, Dorchester County, Garrett County, Kent County, Queen Anne's County, St. Mary's County, Somerset County, Talbot County, Washington County, Wicomico County, and Worcester County should refer to **Table 1**.

Residents of Calvert County, Charles County, and Frederick County who live in the following zip codes should also refer to **Table 1**:

20611	20615	20625	20629	20632
20657	20661	20662	20664	20676
20682	20685	20688	20693	21727
21773	21778	21780	21788	21798

Residents of Anne Arundel County, Baltimore City, Baltimore County, Carroll County, Harford County, Howard County, Montgomery County, and Prince George's County should refer to **Table 2**.

Residents of Calvert County, Charles County, and Frederick County who live in the following zip codes should also refer to **Table 2**:

20601	20602	20603	20604	20610
20612	20616	20617	20637	20639
20640	20643	20645	20646	20658
20675	20677	20678	20689	20695
20714	20732	20736	20754	21701
21702	21703	21704	21705	21709
21710	21714	21716	21717	21718
21754	21755	21758	21759	21762
21769	21770	21771	21772	21774
21775	21777	21790	21792	21793

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Table 1

Age	Cost of Premium (\$)		
0-20	138.51	42	289.02
21	218.13	43	296.00
22	218.13	44	304.73
23	218.13	45	314.98
24	218.13	46	327.20
25	219.00	47	340.94
26	223.37	48	356.64
27	228.60	49	372.13
28	237.11	50	389.58
29	244.09	51	406.81
30	247.58	52	425.79
31	252.81	53	444.99
32	258.05	54	465.71
33	261.32	55	486.43
34	264.81	56	508.90
35	266.55	57	531.58
36	268.30	58	555.80
37	270.04	59	567.79
38	271.79	60	592.00
39	275.28	61	612.95
40	278.77	62	626.69
41	284.01	63	643.92
		64	654.39
		65+	654.39

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Table 2

Age	Cost of Premium (\$)		
0-20	124.62	42	260.03
21	196.25	43	266.31
22	196.25	44	274.16
23	196.25	45	283.39
24	196.25	46	294.38
25	197.04	47	306.74
26	200.96	48	320.87
27	205.67	49	334.80
28	213.32	50	350.50
29	219.60	51	366.01
30	222.74	52	383.08
31	227.45	53	400.35
32	232.16	54	418.99
33	235.11	55	437.64
34	238.25	56	457.85
35	239.82	57	478.26
36	241.39	58	500.05
37	242.96	59	510.84
38	244.53	60	532.62
39	247.67	61	551.46
40	250.81	62	563.83
41	255.52	63	579.33
		64	588.75
		65+	588.75