

2018

Second Lowest Cost Silver Plan (SLCSP) Worksheet

Use this tool to complete your Form 1095-A, Part III (Household Information), Column B (Monthly Premium Amount of Second Lowest Cost Silver Plan).

You will use your completed Form 1095-A to fill out Form 8962 on your federal tax return.

Learn more at MarylandHealthConnection.gov/taxes.

Use this worksheet **ONLY** if

- ✗ Your Form 1095-A Part III is empty or incomplete; OR
- ✗ You applied to receive a tax credit through Maryland Health Connection and you believe your Form 1095-A Part III is incorrect; OR
- ✗ You had a change in your household during the plan year that you did not report to Maryland Health Connection, such as:
 - The months you or your household members had health coverage through Maryland Health Connection during the year
 - When members were added, or dropped, under your policy
 - Change of address

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 4 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:

- ✗ Include **ONLY** the members of your household who had coverage under your plan through Maryland Health Connection last year.
- ✗ Do **NOT** include any members of your household who were enrolled in Medicaid or MCHP through your ENTIRE coverage period.

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- ✗ DO include any members of your household enrolled in Medicaid or MCHP for part of the year AND under your plan for part of the year. Use a "0" in calculating costs in months they were not enrolled in your plan.
- ✗ For households with more than three members age 20 or younger, include only the three oldest children.
- ✗ If a member left your coverage, include only through the last month he or she was on your coverage.
- ✗ If you moved from one ZIP code to another, your new monthly cost will begin the month after you moved. (See example on page 3.)

Add the numbers across each row and enter in "Monthly Household Benchmark Total" column. "Monthly Household Total" is the monthly benchmark for your tax family.

Write down the numbers in the "Monthly Household Benchmark Total" column in Part III (Household Information), Column B (Monthly Premium Amount of SLCSP) of your Form 1095-A.

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

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Example

Joe and Lydia were 45 and 40 years old, respectively, when their health plan started through Maryland Health Connection. They also have four children – Johnny (age 16), Kimberly (age 14), Daniel (age 12), and Stephanie (age 6).

The family had no coverage in January or February, and moved from Cecil County (Table 1) to Frederick County, at an address with a zip code of 21703 (Table 2), in June.

MONTH	Primary (Joe)	Member 1 (Lydia)	Member 2 (Johnny)	Member 3 (Kimberly)	Member 4 (Daniel)	Member 5	Member 6	Monthly Household Benchmark Total
JAN								
FEB								
MARCH	\$888.53	\$786.38	\$528.56	\$470.72	\$470.72			\$3,144.91
APR	\$888.53	\$786.38	\$528.56	\$470.72	\$470.72			\$3,144.91
MAY	\$888.53	\$786.38	\$528.56	\$470.72	\$470.72			\$3,144.91
JUNE	\$888.53	\$786.38	\$528.56	\$470.72	\$470.72			\$3,144.91
JULY	\$510.41	\$451.74	\$303.63	\$270.41	\$270.41			\$1,806.60
AUG	\$510.41	\$451.74	\$303.63	\$270.41	\$270.41			\$1,806.60
SEPT	\$510.41	\$451.74	\$303.63	\$270.41	\$270.41			\$1,806.60
OCT	\$510.41	\$451.74	\$303.63	\$270.41	\$270.41			\$1,806.60
NOV	\$510.41	\$451.74	\$303.63	\$270.41	\$270.41			\$1,806.60
DEC	\$510.41	\$451.74	\$303.63	\$270.41	\$270.41			\$1,806.60

**Stephanie was not included in the calculation because the household already includes three children age 20 or younger. The monthly cost changed in July because the family moved in June. New monthly costs begin the month after a consumer moves.*

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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	Benchmark Cost (\$)
0-14	470.72
15	512.57
16	528.56
17	544.56
18	561.79
19	579.02
20	596.86
21	615.32
22	615.32
23	615.32
24	615.32
25	617.78
26	630.09
27	644.86
28	668.85
29	688.55
30	698.39
31	713.16
32	727.93
33	737.16
34	747.01
35	751.92
36	756.84
37	761.77
38	766.69
39	776.53
40	786.38
41	801.15
42	815.30
43	835.00
44	859.61
45	888.53
46	922.99
47	961.75
48	1006.06
49	1049.74
50	1098.96
51	1147.58
52	1201.11
53	1255.26
54	1313.71
55	1372.17
56	1435.55
57	1499.54
58	1567.84
59	1601.68
60	1669.98
61	1729.06
62	1767.82
63	1816.43
64+	1845.97

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Table 2

Age	Benchmark Cost (\$)
0-14	270.41
15	294.45
16	303.63
17	312.82
18	322.72
19	332.62
20	342.87
21	353.47
22	353.47
23	353.47
24	353.47
25	354.89
26	361.95
27	370.43
28	384.22
29	395.53
30	401.19
31	409.68
32	418.16
33	423.46
34	429.11
35	431.94
36	434.77
37	437.60
38	440.43
39	446.08
40	451.74
41	460.22
42	468.35
43	479.66
44	493.80
45	510.41
46	530.21
47	552.48
48	577.93
49	603.02
50	631.30
51	659.22
52	689.98
53	721.09
54	754.67
55	788.24
56	824.65
57	861.41
58	900.65
59	920.08
60	959.33
61	993.25
62	1015.52
63	1043.45
64+	1060.41