

# 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](https://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

## STEP 1

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).

### 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.
- ✕ Do **NOT** include any members of your household who were eligible for Medicaid or MCHP but were enrolled instead in your private health plan.
- ✕ **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.

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- ✕ 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.

**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.

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	\$390.64	\$345.73	\$232.38	\$206.95	\$206.95			\$1382.65
APR	\$390.64	\$345.73	\$232.38	\$206.95	\$206.95			\$1382.65
MAY	\$390.64	\$345.73	\$232.38	\$206.95	\$206.95			\$1382.65
JUNE	\$390.64	\$345.73	\$232.38	\$206.95	\$206.95			\$1382.65
JULY	\$390.64	\$345.73	\$232.38	\$206.95	\$206.95			\$1382.65
AUG	\$390.64	\$345.73	\$232.38	\$206.95	\$206.95			\$1382.65
SEPT	\$390.64	\$345.73	\$232.38	\$206.95	\$206.95			\$1382.65
OCT	\$390.64	\$345.73	\$232.38	\$206.95	\$206.95			\$1382.65
NOV	\$390.64	\$345.73	\$232.38	\$206.95	\$206.95			\$1382.65
DEC	\$390.64	\$345.73	\$232.38	\$206.95	\$206.95			\$1382.65

\*Stephanie was not included in the calculation because the household already includes three children age 20 or younger.

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Residents of all counties and zipcodes in Maryland should refer to the following table.

Age	Benchmark Cost		
0-14	\$206.95	39	\$341.40
15	\$225.35	40	\$345.73
16	\$232.38	41	\$352.22
17	\$239.42	42	\$358.45
18	\$246.99	43	\$367.10
19	\$254.56	44	\$377.92
20	\$262.41	45	\$390.64
21	\$270.53	46	\$405.79
22	\$270.53	47	\$422.83
23	\$270.53	48	\$442.31
24	\$270.53	49	\$461.52
25	\$271.61	50	\$483.16
26	\$277.02	51	\$504.53
27	\$283.51	52	\$528.07
28	\$294.06	53	\$551.87
29	\$302.72	54	\$577.57
30	\$307.05	55	\$603.27
31	\$313.54	56	\$631.14
32	\$320.03	57	\$659.27
33	\$324.09	58	\$689.30
34	\$328.42	59	\$704.18
35	\$330.58	60	\$734.21
36	\$332.75	61	\$760.18
37	\$334.91	62	\$777.22
38	\$337.08	63	\$798.59
		64+	\$811.59