


Marketplace Coverage Affordability Worksheet

This worksheet is used only if there is no offer of employee coverage

TIP
If the **lowest cost bronze plan (LCBP)** costs less than 8.13% of income (above), there is an affordable offer of coverage. No Code A exemption is available. (The Marketplace presented affordable coverage and the marketplace affordability exemption does not apply)

LCBP: Go to the taxpayer's Marketplace, such as www.healthcare.gov.
*NOTE: The look up tool asks about tobacco use. **Tobacco use** is the use of a tobacco product 4 or more times per week within no longer than the past 6 months by legal users of tobacco products (generally those 18 and older).*

The LCBP quote will be for all individuals on the return that did not have an offer of employer coverage and who did not qualify for another exemption. That means that the LCBP would include, *for example*, the taxpayer and spouse who are on Medicare or Medicaid.

 Do not 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 that covers everyone in your tax household for whom a personal exemption deduction is claimed, 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 go to www.HealthCare.gov/tax-tool or the Marketplace 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 2-11.	
2.	Enter your household income (see <i>Household income</i>)	
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*	
4.	Add lines 2 and 3	
5.	Enter the federal poverty line for the number of individuals in your tax household less any dependents not claimed. See the instructions for Form 8962, line 4	
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	
7.	Multiply line 6 by 100 and round 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 for whom a personal exemption deduction is claimed, who isn't eligible for minimum essential coverage (other than coverage in the individual market), and who doesn't qualify for another coverage exemption for the month. To find the second lowest cost silver plan go to www.HealthCare.gov/tax-tool or the Marketplace for your area	
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?	
	<input type="checkbox"/> Yes. Multiply line 12 by 12.0. This is the annualized premium. Enter this amount in the space for every month on the <i>Affordability Worksheet</i>	
	<input type="checkbox"/> No. Multiply line 12 by 12.0. This is the annualized premium. Enter this amount in the space on the <i>Affordability Worksheet</i> for each month the individual was eligible for the coverage being tested.	

*If the individual filed Form 1040, figure the nontaxable social security benefits received by that individual by subtracting Form 1040, line 20b from Form 1040, line 20a. If the individual filed Form 1040A, figure the nontaxable social security benefits received by that individual by subtracting Form 1040A, line 14b from Form 1040A, line 14a. If the individual filed Form 1040EZ, he or she should have received a Form SSA-1099 or Form RRB-1099 showing the social security benefits received by that individual, all of which were nontaxable.

For this line on this worksheet, use tax household MAGI for Form 8962 purposes (adjusted gross income + tax exempt interest + excluded foreign earned income). Include MAGI of any claimed dependents with a filing requirement.

Enter the appropriate amount on the Affordability Worksheet as directed. This worksheet will compare the annualized premium to the affordability threshold.
If the annualized premium costs less than 8.13% of income, no exemption applies.
If the annualized premium costs more than 8.13% of income, Code A applies.

TIP: Note that more than one marketplace coverage affordability worksheet may be needed if circumstances changed during the year.

Second lowest cost silver plan (SLCSP): Go to the Marketplace at: <https://www.healthcare.gov/tax-tool/>
Do not include individuals in your tax household that are eligible for other employer sponsored or government sponsored MEC, or who are otherwise exempt.
That means that the SLCSP cost would NOT INCLUDE, for example, the taxpayer and spouse who are enrolled in or eligible for Medicare or Medicaid. (This is different from line 1).