

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 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.
- ✘ 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 2) to Frederick County, at an address with a zip code of 21703 (Table 1), 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	\$398.14	\$352.37	\$236.84	\$210.93	\$210.93			\$1409.21
APR	\$398.14	\$352.37	\$236.84	\$210.93	\$210.93			\$1409.21
MAY	\$398.14	\$352.37	\$236.84	\$210.93	\$210.93			\$1409.21
JUNE	\$398.14	\$352.37	\$236.84	\$210.93	\$210.93			\$1409.21
JULY	\$376.45	\$333.17	\$223.94	\$199.44	\$199.44			\$1332.44
AUG	\$376.45	\$333.17	\$223.94	\$199.44	\$199.44			\$1332.44
SEPT	\$376.45	\$333.17	\$223.94	\$199.44	\$199.44			\$1332.44
OCT	\$376.45	\$333.17	\$223.94	\$199.44	\$199.44			\$1332.44
NOV	\$376.45	\$333.17	\$223.94	\$199.44	\$199.44			\$1332.44
DEC	\$376.45	\$333.17	\$223.94	\$199.44	\$199.44			\$1332.44

**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 Baltimore City, Baltimore County, Carroll County, Harford County, Howard County, Anne Arundel County, Prince George’s County, and Montgomery County should refer to **Table 1**.

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

20646	20658	20640	20677	20675
20612	20601	20602	20603	20637
20616	20695	20678	20732	20736
20754	20714	20689		

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

21716	21701	21718	21702	21793
21790	21703	21704	21769	21755
21754	21710	21758	21774	21771
21770	21777			

Residents of Garrett County, Allegany County, Washington County, St. Mary’s County, Cecil County, Kent County, Queen Anne’s County, Talbot County, Caroline County, Dorchester County, Wicomico County, Somerset County, and Worcester 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**:

20661	20643	20645	20682	20693
20662	20664	20604	20611	20625
20632	20617	20622	20688	20639
20629	20685	20657	20676	20615
20610	21709	21717	21788	21780
21778	21798	21727	21792	21762
21759	21714	21705	21775	21773

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Table 1

Age	Benchmark Cost (\$)
0-14	\$199.44
15	\$217.16
16	\$223.94
17	\$230.72
18	\$238.02
19	\$245.32
20	\$252.88
21	\$260.70
22	\$260.70
23	\$260.70
24	\$260.70
25	\$261.74
26	\$266.96
27	\$273.21
28	\$283.38
29	\$291.72
30	\$295.89
31	\$302.15
32	\$308.41
33	\$312.32
34	\$316.49
35	\$318.58
36	\$320.66
37	\$322.75
38	\$324.83
39	\$329.00
40	\$333.17
41	\$339.43
42	\$345.43
43	\$353.77
44	\$364.20
45	\$376.45
46	\$391.05
47	\$407.47
48	\$426.24
49	\$444.75
50	\$465.61
51	\$486.21
52	\$508.89
53	\$531.83
54	\$556.59
55	\$581.36
56	\$608.21
57	\$635.33
58	\$664.26
59	\$678.60
60	\$707.54
61	\$732.57
62	\$748.99
63	\$769.59
64+	\$782.10

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Table 2

Age	Benchmark Cost (\$)
0-14	\$210.93
15	\$229.67
16	\$236.84
17	\$244.01
18	\$251.73
19	\$259.45
20	\$267.45
21	\$275.72
22	\$275.72
23	\$275.72
24	\$275.72
25	\$276.82
26	\$282.34
27	\$288.95
28	\$299.71
29	\$308.53
30	\$312.94
31	\$319.56
32	\$326.18
33	\$330.31
34	\$334.72
35	\$336.93
36	\$339.14
37	\$341.34
38	\$343.55
39	\$347.96
40	\$352.37
41	\$358.99
42	\$365.33
43	\$374.15
44	\$385.18
45	\$398.14
46	\$413.58
47	\$430.95
48	\$450.80
49	\$470.38
50	\$492.44
51	\$514.22
52	\$538.21
53	\$562.47
54	\$588.66
55	\$614.86
56	\$643.25
57	\$671.93
58	\$702.53
59	\$717.70
60	\$748.30
61	\$774.77
62	\$792.14
63	\$813.93
64+	\$827.16