

2015 Affordability Exemptions

How to Calculate Affordability of Insurance Coverage			
Household Income: <i>Adjusted gross income (AGI) + Tax-exempt interest + Excluded foreign income PLUS any pre-tax deduction for employer-sponsored insurance</i>			
Offer of Coverage Through an Employer	As an employee Does the <u>lowest-cost self-only plan</u> offered by the employer cost more than 8.05% of income? If YES, enter Code A for each applicable month	As a member of the employee's family Does the <u>lowest-cost plan that covers everyone on the tax return who is eligible for coverage</u> and is not otherwise exempt cost more than 8.05% of income? If YES, enter Code A for each applicable month	Two or more family members have offers of employer coverage Are the (1) individual offers of coverage affordable but (2) <u>their combined cost</u> is greater than 8.05% of household income and (3) is no family coverage offered for less than 8.05% of household income? If YES to all three, enter Code G for entire year
	No Offer of Coverage Through an Employer Does the <u>lowest-cost bronze Marketplace plan for all household members not offered employer-sponsored coverage and not otherwise exempt</u> cost more than 8.05% of household income? (Factor in any PTC the individuals would be eligible to receive.) If YES, enter Code A for each applicable month		

Source: Center on Budget and Policy Priorities, healthreformbeyondthebasics.org

Vermont Health Connect Plan Information for Tax Preparers

2015

Lowest-Cost Bronze Plan (Applicable Plan for Affordability Exemption)	
Coverage Level	Monthly Premium
Single	\$360.49
Couple	\$720.98
Parent and Child(ren)	\$695.75
Family	\$1,012.98

Second Lowest-Cost Silver Plan (2015 Benchmark Plans)	
Coverage Level	Monthly Premium
Single	\$436.07
Couple	\$872.14
Parent and Child(ren)	\$841.62
Family	\$1,225.35

2014

Lowest-Cost Bronze Plan (2014 Benchmark Plans)	
Coverage Level	Monthly Premium
Single	\$336.13
Couple	\$672.26
Parent and Child(ren)	\$648.73
Family	\$944.53

Second Lowest-Cost Silver Plan (2014 Benchmark Plans)	
Coverage Level	Monthly Premium
Single	\$412.83
Couple	\$825.66
Parent and Child(ren)	\$796.76
Family	\$1,160.05

Source: info.healthconnect.vermont.gov/taxes