Exemptions Available on Tax Return ¹ (in order of ease of use)						
Description	Code		Duration ²			
Household income below filing threshold (F8965 L 7a)	-	After input of MAGI for claimed dependents that have a filing requirement (do not include MAGI of a dependent that is not claimed) Exemption applies to all members in the tax family ³	Covers full year			
Gross income below filing threshold (F8965 L 7b)	-	Include gross income of taxpayer ⁴ only (do not include income of dependents) Exemption applies to all members in the tax family ³	Covers full year			
Short coverage gap (<3 months)	В	One such gap only; to count months, look back to 2014 but not forward to 2016 (applies to the first gap if there are two short gaps) Another exemption may apply to a gap that is before or after a short gap	Covers months of short gap			
Ineligible for Medicaid solely because state does not participate in Medicaid expansion under ACA ⁵	G	 Household income is less than 138% of FPL in states not expanding Medicaid: AK, AL, FL, GA, ID, IN, KS, LA, ME, MO, MS, MT, NC, NE, OK, SC, SD, TN, TX, UT, VA, WY, or WI (MI, NH, PA for 2014 only) Household income for this 138% Medicaid eligibility determination is increased by untaxed social security 	Covers full year for the persons who resided in such state			
Certain citizens living abroad Certain noncitizens	С	 A U.S. citizen or resident who spent at least 330 full days outside of the U.S. during a 12-month period A U.S. citizen who is a bona fide resident of a foreign country or U.S. territory A resident alien who was a citizen of a foreign country with which the U.S. has an income tax treaty with a nondiscrimination clause, and who was a bona fide resident of a foreign country for the tax year Not a U.S. citizen, not a U.S. national, and not lawfully present in the U.S. A nonresident alien, including (1) a dual-status alien in the first year of residency and (2) a nonresident alien or dual-status nonresident alien who elects to file a joint return with a spouse 	Covers months of such status			
Incarceration ⁵	F	 Includes being in a jail, prison, or similar penal institution or correctional facility after the disposition of charges Does not include: time in jail pending disposition of charges (being held but not convicted of a crime), nor time in probation, parole, or home confinement 	Covers months of incarceration			
Member of Indian tribe or individual otherwise eligible for services from an Indian health care provider ^{5,6}	E	Either a member of a Federally-recognized Indian tribe, including an Alaska Native Claims Settlement Act (ANCSA) Corporation Shareholder (regional or village), or otherwise eligible for services through an Indian health care provider or the Indian Health Service Federally-recognized Indian tribes list at <u>www.bia.gov/WhoWeAre/BIA/OIS/TribalGovernmentServices/TribalDirectory</u> ANSCSA list at <u>dnr.alaska.gov/mlw/trails/17b/corpindex.cfm</u>	Covers months of tribe membership			
Health care sharing ministry (HCSM) ⁵	D	A HCSM is a tax-exempt organization acting as clearinghouse for those who have medical expenses and those who desire to share those medical expenses	Covers months of ministry membership			
Born, adopted or died during the year	Н	Claim on 8965 only if cannot check the full coverage box on 1040 line 61 Use Code H for the months: of and before the birth or adoption; of and after death	Covers specified months			

¹ Exemption may also be claimed on an amended return (F1040-X) and using F8965

Revised 01/03/2016

REFER TO FORM 8965 INSTRUCTIONS FOR MORE INFORMATION

² One day of MEC in a month satisfies the MEC requirement for the whole month; one day of exemption in a month covers the whole month; may need to test on a month-by-month basis, annualized if needed

³ Tax family includes the taxpayer, spouse (if filing MFJ), and dependents claimed on the taxpayer's return

⁴ Taxpayer income includes spouse's income if filing MFJ

⁵ Exemption may be obtained from the Marketplace also – if have ECN, use Part I of Form 8965

⁶ Exemption can be retroactively granted by the Marketplace up to three years back



Description total Notes Duration 1 Coverage is unaffordable becaue its cost is more than B.05% of household Household MAGI = AGI + exempt interest income + excluded foreign income + pre- unaffordable becaue its cost is more than B.05% of household Do not include the MAGI of a dependent who is not claimed on the return MAGI and: Coverage Applicable months 0.5% of household Do not include the MAGI of a dependent who is not claimed on the return MUST compare against coverage of coverage offered by employer (Form 1095-C, if available) Exemption applies to individual offered coverage only enable Applicable months 2. Employer offers family coverage to another exemption (offer includes the employee) Must know cost of family coverage offered by employer (Form 1095-C, if available) Exemption * applies to tar family * members, other than the employee, who are eligible for the coverage and on to qualify for another exemption The whole months 3. More than one tax offered employer coverage G Two or more family members offered by employers (Fore at applicable but (2) their combined cost is greater than 8.05% of income and (3) no family coverage is offered by employers (Exemption * applies to all members in the tax family * moths The whole wear, if criteria month 4. Employer does offered apeloyer A The lowest-cost bronze Marketplace plan for all individual shown on the return who and (3) no family coverage is offered by employers (Exemption * applies to all members in the tax family * moths The whole wear, if criteria month 4. Employer does Mot fefer a emplo	Affordability Exemptions Available on Tax Return ¹ (in order of priority)							
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4. Employer does NOT offer coverage A The lowest-cost bronze Marketplace plan for all individuals shown on the return who do not have an employer offer and do not qualify for another exemption ^{9,10} ; 1) find the lowest cost bronze plan at the Marketplace, then 2) account for any PTCs the person would have been eligible for receive ⁹ (need SLCSP cost for the tax family ³ members eligible for PTC, i.e. not eligible for government coverage) Exemption applies to members in the tax family ³ included in the bronze plan quote months Members of certain religious sects ⁶ Determined ineligible for Medicaid in a state that did not expand Medicaid coverage No access to affordable coverage based on projected household income Moliciaid programs that are not MEC (pregnancy-only or spend-down coverage) Experiencing circumstances that prevent them from obtaining coverage under a qualified health plan Hardships include 14 categories below: (Exemption is effective at least one month before and after hardship) 10. Failure of another party to comply with a medical support order for a dependent child who is determined ineligible for Medicaid or CHIP 1. Uility shut-off notice 10. Failure of another party to comply with a medical support order for a dependent child who is determined ineligible for a Marketplace QHP, PTC, or CSR but was not enrolled 1. Significant debt from medical expenses in the last 24 months 10. Failure of lane state did not expand (must have applied and been denied) 1. High expenses caring for ill, disabled or aging relative 13. Individual health insurance plan was cancelled and you believe Marketplace plans are considered unaffordable	coverage							
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 ⁷ See 8965 instructions for wellness incentives, health reimbursement arrangements, health flex contributions and opt-out payments
 ⁸ Exemption can be claimed even if one or more offers are accepted

⁹ Do not factor in a PTC if no PTC would have been allowable, e.g. eligible for Medicaid or Medicare

¹⁰ Include individuals even if they have, or could have had, government coverage (Medicare, Medicaid, CHIP, etc.)

¹¹ Use "PENDING" as the ECN on Form 8965 if the ECN has not yet been received