























# Individual Health Insurance Mandate for Rhode Island Residents

## Individual Health Insurance Form and Shared Responsibility Worksheet

### Marketplace Coverage Affordability Worksheet for use with Code "A" = Coverage Considered Unaffordable

Use this worksheet to figure an individual's required contribution for any month in which the individual isn't eligible for employer-sponsored coverage. Complete a separate worksheet for each part of the year in which the number of people in your tax household who are neither exempt nor eligible for minimum essential coverage (other than individual market coverage) was different. For reference tables related to health insurance premiums and plans and for help relating to questions on health coverage go to: <https://healthsourceri.com/affordability-sheet/>.

**CAUTION: Do not complete this worksheet unless you were instructed to do so in the Affordability Worksheet on Page IND-10**

<p>1. Enter the monthly premium for the lowest cost bronze plan that covers everyone in your tax household who you list on your 2024 tax return (such as yourself, your spouse if filing jointly, and your dependents) and who cannot be claimed as a dependent on someone else's tax return, 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 <a href="https://healthsourceri.com/affordability-sheet/">https://healthsourceri.com/affordability-sheet/</a>. (If you are married and file a separate return, enter the monthly premium here and on line 12. Don't complete lines 2 through 11.)</p>	
<p>2. Enter your <u>household income</u>.</p>	
<p>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. <sup>1</sup></p>	
<p>4. Add lines 2 and 3.</p>	
<p>5. Enter the federal poverty line (to access, go to: <a href="http://healthsourceri.com/affordability-sheet/">http://healthsourceri.com/affordability-sheet/</a> for the number of individuals in your tax household less any dependents not claimed).</p>	
<p>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. If the result is more than 1.38, see footnote 2 below.</p>	
<p>7. Multiply line 6 by 100 and round down to the nearest whole number. Enter the applicable figure for the result from Table 1 in the instructions at <a href="http://healthsourceri.com/affordability-sheet/">http://healthsourceri.com/affordability-sheet/</a>.</p>	
<p>8. Multiply line 4 by line 7</p>	
<p>9. Divide line 8 by 12.0.</p>	
<p>10. Enter the monthly premium for the second lowest cost silver plan premium that covers everyone in your tax household, who you list on your tax return (such as yourself, your spouse if filing jointly, and your dependents) and who can't be claimed as a dependent on someone else's tax return, who isn't eligible for minimum essential coverage (other than individual market coverage), and who doesn't qualify for another coverage exemption for the month. If one or more members of your tax household meet this criteria, find the second lowest cost silver plan for those members at <a href="https://healthsourceri.com/affordability-sheet/">https://healthsourceri.com/affordability-sheet/</a>. If no one in your tax household meets this criteria (for example, everyone in your tax household is eligible for Medicaid or qualifies for a coverage exemption), enter -0-.</p>	
<p>11. Subtract line 9 from line 10. If zero or less, enter -0-.</p>	
<p>12. Subtract line 11 from line 1. If zero or less, enter -0-. This is the individual's required contribution for the month.</p>	
<p>13. Is the individual eligible for this coverage for every month of the year?                      If <b>Yes</b> - Multiply line 12 by 12.0. This is the annualized required contribution. Enter this amount in the space for every month on the Affordability Worksheet.                      If <b>No</b> - Multiply line 12 by 12.0. This is the annualized required contribution. Enter this amount in the space on the Affordability Worksheet for each month the individual was eligible for the coverage being tested.</p>	

**Footnotes:**

- 1 – Figure the nontaxable social security benefits received by that individual by subtracting Federal Form 1040, line 6b from Federal Form 1040, line 6a.
- 2 – If the result is less than 1.38 and you meet the Medicaid eligibility requirements, you are eligible for Medicaid and therefore not eligible for a premium tax credit. Enter -0- on line 10.