



FULL-YEAR RESIDENTS AND CERTAIN PART-YEAR RESIDENTS MUST COMPLETE AND ENCLOSE SCHEDULE HC WITH RETURN

TAXPAYER'S FIRST NAME

M.I. LAST NAME

TAXPAYER'S SOCIAL SECURITY NUMBER

Grid for Taxpayer's First Name and M.I. Last Name

Grid for Taxpayer's Social Security Number

Schedule HC Health Care Information. You must enclose this schedule with Form 1 or Form 1-NR/PY.

2018

1 a. Date of birth [grid] b. Spouse's date of birth [grid] c. Family size. See instructions [grid]

2 Federal adjusted gross income (required information; from U.S. Form 1040, line 7). If married filing separately, see instructions 2 [checkbox] [grid] 00

3 Indicate the time period that you were enrolled in a Minimum Creditable Coverage (MCC) health insurance plan(s). See Form MA 1099-HC from your insurer or Schedule HC instructions. You must fill in an oval.

- a. You [radio] Full-year MCC [radio] Part-year MCC [radio] No MCC/None
b. Spouse [radio] Full-year MCC [radio] Part-year MCC [radio] No MCC/None

If you filled in "Full-year MCC" or "Part-year MCC," go to line 4. If you filled in "No MCC/None," go to line 6.

4 Indicate the health insurance plan(s) that met the Minimum Creditable Coverage (MCC) requirements in which you were enrolled in 2018. See Form MA 1099-HC from your insurer or Schedule HC instructions. Check all that apply.

- a. Private insurance, including ConnectorCare. Complete lines 4f and/or 4g below 4a [radio] You [radio] Spouse
b. MassHealth. Fill in oval(s) and go to line 5 4b [radio] You [radio] Spouse
c. Medicare (including a replacement or supplemental plan). Fill in oval(s) and go to line 5. 4c [radio] You [radio] Spouse
d. U.S. military (including Veteran's Administration and Tri-Care). Fill in oval(s) and go to line 5. 4d [radio] You [radio] Spouse
e. Other government program. Enter program name(s) only in lines 4f and/or 4g below 4e [radio] You [radio] Spouse

4f YOUR HEALTH INSURANCE. Complete if you answered line(s) 4a or 4e and go to line 5. [radio] Fill in if you were not issued Form MA 1099-HC.

1. NAME OF PRIVATE INSURANCE COMPANY, ADMINISTRATOR OR OTHER GOVERNMENT PROGRAM (from box 1 of Form MA 1099-HC)

Grid for insurance company name

FEDERAL IDENTIFICATION NUMBER OF INSURANCE CO. (from box 2 of Form MA 1099-HC)

SUBSCRIBER NUMBER (from Form MA 1099-HC)

Grid for FID number

Grid for subscriber number

2. NAME OF SECOND PRIVATE INSURANCE COMPANY, ADMINISTRATOR OR OTHER GOVERNMENT PROGRAM IF NECESSARY (from box 1 of Form MA 1099-HC)

Grid for second insurance company name

FEDERAL IDENTIFICATION NUMBER OF INSURANCE CO. (from box 2 of Form MA 1099-HC)

SUBSCRIBER NUMBER (from Form MA 1099-HC)

Grid for FID number

Grid for subscriber number

4g SPOUSE'S HEALTH INSURANCE. Complete if you answered line(s) 4a or 4e and go to line 5. [radio] Fill in if you were not issued Form MA 1099-HC.

1. NAME OF PRIVATE INSURANCE COMPANY, ADMINISTRATOR OR OTHER GOVERNMENT PROGRAM FOR SPOUSE (from box 1 of Form MA 1099-HC)

Grid for spouse insurance company name

FEDERAL IDENTIFICATION NUMBER OF INSURANCE CO. (from box 2 of Form MA 1099-HC)

SUBSCRIBER NUMBER (from Form MA 1099-HC)

Grid for FID number

Grid for subscriber number

2. NAME OF SECOND PRIVATE INSURANCE COMPANY, ADMINISTRATOR OR OTHER GOVERNMENT PROGRAM IF NECESSARY FOR SPOUSE (from box 1 of Form MA 1099-HC)

Grid for second spouse insurance company name

FEDERAL IDENTIFICATION NUMBER OF INSURANCE CO. (from box 2 of Form MA 1099-HC)

SUBSCRIBER NUMBER (from Form MA 1099-HC)

Grid for FID number

Grid for subscriber number

5 Skip the remainder of this schedule and continue completing your return if you had health insurance that met MCC requirements for the full year, including private insurance, MassHealth or ConnectorCare; or if, at any point during 2018, you had Medicare (including supplement or replacement plan), U.S. Military (including Veterans Administration and Tri-Care), or other government insurance. You are not subject to a penalty.

You must complete and enclose this Schedule HC with your return.

IF YOU HAD HEALTH INSURANCE THAT MET MCC REQUIREMENTS FOR THE FULL YEAR, INCLUDING PRIVATE INSURANCE, MASSHEALTH OR CONNECTORCARE, OR IF YOU HAD MEDICARE, U.S.MILITARY OR OTHER GOVERNMENT INSURANCE AT ANY POINT DURING 2018, YOU ARE NOT SUBJECT TO A PENALTY. SKIP THE REMAINDER OF SCHEDULE HC AND CONTINUE COMPLETING YOUR TAX RETURN.



TAXPAYER'S FIRST NAME

M.I. LAST NAME

TAXPAYER'S SOCIAL SECURITY NUMBER

Grid for entering taxpayer's first name, middle initial, and last name.

Grid for entering taxpayer's social security number.

Schedule HC Uninsured for All or Part of 2018.

6 Was your income in 2018 at or below 150% of the federal poverty level? (See worksheet) 6 Yes No
If you answer Yes, you are not subject to a penalty in 2018. Skip the remainder of this schedule and complete your tax return. If you answer No and you were enrolled in a health insurance plan that met the Minimum Creditable Coverage (MCC) requirements for part, but not all, of 2018, go to line 7. If you answer No and you had no insurance or you were enrolled in a plan that did not meet the MCC requirements during the period that the mandate applied, go to line 8a.

7 Complete this section only if you, and/or your spouse if married filing jointly, were enrolled in a health insurance plan(s) that met the Minimum Creditable Coverage (MCC) requirements for part, but not all of 2018. Fill in the ovals below for the months that met the MCC requirements, as shown on Form MA 1099-HC. If you did not receive this form, fill in the ovals for the months you were covered by a plan that met the MCC requirements at least 15 days or more. If, during 2018, you turned 18, you were a part-year resident or a taxpayer was deceased, fill in the oval(s) below for the month(s) that met the MCC requirements during the period that the mandate applied. See instructions.

You may only fill in the oval(s) for the month(s) you had health insurance that met MCC requirements. If you had health insurance, but it did not meet MCC requirements, you must skip this section and go to line 8a.

MONTHS COVERED BY HEALTH INSURANCE THAT MET MINIMUM CREDITABLE COVERAGE

Table with 12 columns (JAN-DEC) and 2 rows (You, Spouse) containing radio buttons for each month.

If you had four or more consecutive months either with no insurance or insurance that did not meet the MCC requirements (four or more blank ovals in a row), go to line 8a. Otherwise, a penalty does not apply to you in 2018. You are not subject to a penalty in 2018. Skip the remainder of this schedule and complete your tax return.

Schedule HC Religious Exemption and Certificate of Exemption

Do not complete if you are not subject to a penalty.

8 a. Religious exemption. Are you claiming an exemption from the requirement to purchase health insurance based on your sincerely-held religious beliefs that cause you to object to substantially all forms of treatment covered by health insurance?
8a. You Yes No
Spouse Yes No

If you answer Yes, go to line 8b. If you answer No, go to line 9. If you are filing a joint return and one spouse answers Yes but the other spouse answers No, see instructions.

b. If you are claiming a religious exemption in line 8a, did you receive medical health care during the 2018 tax year?
8b. You Yes No
Spouse Yes No

If you answer No to line 8b, you are not subject to a penalty in 2018. Skip the remainder of this schedule and continue completing your tax return. If you answer Yes to line 8b, go to line 9. If you are filing a joint return and one spouse answers Yes but the other spouse answers No, see instructions.

9 Certificate of exemption. Have you obtained a Certificate of Exemption issued by the Massachusetts Health Connector for the 2018 tax year?
9. You Yes No
Spouse Yes No

Note: If you received a Certificate of Exemption from the Federal shared responsibility requirement in 2018, issued by the Federal Health Insurance Marketplace, do not enter that information in line 9.

If you answer Yes, enter the certificate number below, you are not subject to a penalty in 2018. Skip the remainder of this schedule and continue completing your tax return. If you answer No to line 9, go to line 10. If you are filing a joint return and one spouse answers Yes but the other spouse answers No, see instructions.

YOUR MASSACHUSETTS CERTIFICATE NUMBER SPOUSE'S MASSACHUSETTS CERTIFICATE NUMBER

Grids for entering Massachusetts certificate numbers for taxpayer and spouse.

BE SURE TO ENCLOSE SCHEDULE HC WITH YOUR RETURN.



TAXPAYER'S FIRST NAME

M.I. LAST NAME

TAXPAYER'S SOCIAL SECURITY NUMBER

Grid for entering taxpayer's first name, M.I., and last name.

Grid for entering taxpayer's social security number.

Schedule HC Affordability as Determined By State Guidelines

Do not complete if you are not subject to a penalty.

Note: This section will require the use of worksheets and tables. You must complete the worksheet(s) to determine if health insurance was affordable to you during the 2018 tax year.

10 Did your employer offer affordable health insurance that met the minimum creditable coverage requirements as determined by completing the Schedule HC Worksheet for Line 10?

10. You Yes No
Spouse Yes No

If your employer did not offer health insurance that met the minimum creditable coverage requirements, you were not eligible for health insurance offered by your employer, you were self-employed or you were unemployed, fill in the **No** oval.

If you answer **No**, go to line 11. If you answer **Yes**, go to the Health Care Penalty Worksheet to calculate your penalty amount.

11 Were you eligible for government-subsidized health insurance as determined by completing the Schedule HC Worksheet for Line 11?

11. You Yes No
Spouse Yes No

If you answer **No**, go to line 12. If you answer **Yes**, go to the Health Care Penalty Worksheet to calculate your penalty amount.

12 Were you able to purchase affordable private health insurance that met the minimum creditable coverage requirements as determined by completing the Schedule HC Worksheet for Line 12?

12. You Yes No
Spouse Yes No

If you answer **No**, you are not subject to a penalty. **Continue completing your tax return.** If you answer **Yes**, go to the Health Care Penalty Worksheet to calculate your penalty amount.

Schedule HC Complete Only If You Are Filing an Appeal

You must complete the Health Care Penalty Worksheet to determine your penalty amount before completing this section.

You may have grounds to appeal if you were unable to obtain affordable insurance that met the minimum creditable coverage requirements in 2018 due to a hardship or other circumstances. The grounds for appeal are explained in more detail in the instructions. If you believe you have grounds for appealing the penalty, fill in the oval(s) below. The appeal will be heard by the Massachusetts Health Connector. By filling in the oval below, you (or your spouse if married filing jointly) are authorizing DOR to share information from your tax return, including this schedule, with the Massachusetts Health Connector for purposes of deciding your appeal.

Note: You may also be subject to a separate federal penalty if you were uninsured. Visit irs.gov for more information on the federal requirements.

If you are subject to a federal penalty, you must enter that amount on Form 1, line 35c or Form 1-NR/PY, line 39c.

Important information if you are filing an appeal:

You will receive a follow-up letter asking you to state your grounds for appeal in writing, and submit supporting documentation. Failure to respond to that letter within the time specified in the letter will lead to dismissal of your appeal and will result in a future assessment of a penalty.

Once your documentation is received, it will be reviewed by the Massachusetts Health Connector and you may be required to attend a hearing on your case. You will be required to file your claims under the pains and penalties of perjury.

Note: If you are filing an appeal, make sure you have calculated the penalty amount that you are appealing, but do not assess yourself or enter a penalty amount on your Form 1 or Form 1-NR/PY. Also, do not include any hardship documentation with this return. You will be required to submit substantiating hardship documentation at a later date during the appeal process.

You: I wish to appeal the penalty. I authorize DOR to share this tax return including this schedule with the Massachusetts Health Connector for purposes of deciding this appeal.

Spouse: I wish to appeal the penalty. I authorize DOR to share this tax return including this schedule with the Massachusetts Health Connector for purposes of deciding this appeal.

2018 Massachusetts **Schedule HC** Health Care

Special Section on Minimum Creditable Coverage

What is “Minimum Creditable Coverage” (MCC)?

It’s the minimum level of health insurance benefits that adult tax filers need to be considered insured and avoid tax penalties in Massachusetts.

Note: MCC is not the same as Minimum Essential Coverage, which is the type of coverage adult tax filers and their dependents need to be considered insured and avoid tax penalties from the federal government. Visit irs.gov for more information about the federal requirement to have insurance coverage.

How do I know if my plan met MCC?

Massachusetts-licensed health insurance companies must put an MCC-compliance notice on their health plans indicating whether they meet MCC requirements. Most do meet the MCC standards. If you received a Form MA 1099-HC from your insurer, that form will indicate whether your insurance met MCC requirements. For a list of plans that automatically meet MCC, please refer to the plans listed on this page.

What if I did not receive a Form MA 1099-HC from my insurer?

You can call your insurer or your employer’s human resources department or benefits administrator for help, if you get health coverage through your job. If your insurer or your employer is unable to assist you, please refer to the “Benefits Required Under MCC” section on this page to see if your policy meets these requirements. If your plan meets all of the requirements, you may certify in line 3 of the Schedule HC that you were enrolled in a plan that met the MCC requirements during that time period.

What if my plan did not meet MCC for all of 2018?

If you were enrolled in a plan that did not meet the MCC requirements for all of 2018, you must fill in the “No MCC/None” oval in line 3 of the Schedule HC and follow the instructions on the Schedule HC. You will not be subject to a penalty if it is determined that you did not have access to affordable insurance that met MCC. If you had access to affordable insurance that met MCC but did not purchase it, you are subject to a penalty. However, if you are subject to a penalty, you may appeal and claim that the penalty should not apply to you. For more information about the grounds and procedure for appeals, go to page HC-5. No penalty will be imposed pending the outcome of your appeal.

What if I was enrolled in an MCC plan for only part of the year?

If you were enrolled in an MCC plan for only part of the year, you should fill in the “Part-Year MCC” oval in line 3 of the Schedule HC and go to line 4. In line 4, only provide the health insurance information for the MCC plan(s) you were enrolled in. Do not provide health insurance information in line 4 for a plan that did not meet the MCC standards.

Benefits Required Under MCC

For most plans, the 2018 “Minimum Creditable Coverage” standards include:

- Coverage for a comprehensive set of services (for example: doctor visits, hospital admissions, day surgery, emergency services, mental health and substance abuse, and prescription drug coverage);

- Doctor visits for preventive care, without a deductible;
- A cap on annual deductibles of \$2,000 for an individual and \$4,000 for a family;
- For plans with up-front deductibles or co-insurance on core services, an annual maximum on out-of-pocket spending of no more than \$7,350 for an individual and \$14,700 for a family;
- No caps on total benefits for a particular illness or for a single year;
- No policy that covers only a fixed dollar amount per day or stay in the hospital, with the patient responsible for all other charges;
- For policies that have a separate prescription drug deductible, it cannot exceed \$250 for an individual or \$500 for a family;
- All services must be provided to all of those covered (for example, a plan that covers dependents must extend maternity services to them); and
- No cap on prescription drug benefits.

Other ways of meeting MCC:

You automatically meet MCC if you are enrolled in:

- Medicare Part A or B;
- Any Qualified Health Plan purchased through the Massachusetts Health Connector or directly through a carrier, including ConnectorCare plans and catastrophic plans;
- MassHealth;
- A Student Health Insurance Plan (SHIP) offered in Massachusetts or another state;
- Eligibility for services through a tribal organization or the Indian Health Service;
- TRICARE;
- The U.S. Veterans Administration Health System;
- A health insurance plan offered by the federal government to federal employees or retirees;
- Peace Corps, VISTA or AmeriCorps or National Civilian Community Corps coverage; or
- A Pre-Existing Condition Insurance Plan (PCIP).

Note: A federally-qualified High Deductible Health Plan (HDHP) offered with a Health Savings Account (HSA) or Health Reimbursement Arrangement (HRA) may meet MCC if it complies with most of the benefits described above.

For more information on MCC requirements, visit the Health Connector’s website at MAhealthconnector.org.

Schedule HC Instructions

Health Care Information

The Massachusetts health care reform law requires most residents 18 and over with access to affordable health insurance to obtain it. More information about the health care reform law and how to purchase affordable health insurance is available at the Commonwealth Health Insurance Connector Authority's website at MAhealthconnector.org.

Note: The Affordable Care Act requires most individuals nationally with access to affordable health insurance to obtain it. This requirement is separate from the Massachusetts reform law requirements. Visit irs.gov for more information on the federal requirement.

Special Circumstances During 2018

Read this section if, during 2018, you turned 18, moved into or out of Massachusetts or if you are filing a tax return on behalf of a deceased taxpayer to determine the period of time that the mandate to have health insurance applied to you.

Note: Schedule HC must be completed and filed if you fall into a "special circumstances" category.

Turning 18. If you turned 18 during 2018, the mandate to obtain and maintain health insurance applies to you beginning on the first day of the third month following the month of your birthday. For example, if your birthday is June 15, the mandate applies on September 1.

Part-year residents. If you moved into Massachusetts during 2018, the mandate to obtain and maintain health insurance applies to you beginning on the first day of third month following the month you became a resident of Massachusetts. For example, if you moved into Massachusetts on May 14, the mandate applies on August 1.

If you moved out of Massachusetts during 2018, the requirement to obtain and maintain health insurance applies to you up until the last day of the last full month you were a resident. For example, if you moved out of Massachusetts on July 10, the mandate applies up to June 30. And, if you moved out of Massachusetts on September 30, the mandate applies up to September 30.

Note: Part-year residents are **not** required to file Schedule HC if they were residents of Massachusetts for less than three full months.

Deceased taxpayer. If a taxpayer dies during 2018, the mandate to obtain and maintain health insurance applies to the deceased taxpayer up until the last day of the last full month the taxpayer was alive. For example, if a taxpayer died on August 4, the mandate applies up to July 31.

Lines 1a and 1b. Date of Birth

Enter your date of birth and the date of birth for your spouse (if married filing jointly).

Taxpayers turning 18 during 2018. Taxpayers with a date of birth on or after October 1, 2000 should only complete line 1 of Schedule HC because they are not subject to a penalty.

Note: Failure to enter this information will delay the processing of your return.

Line 1c. Family Size

Enter your family size, including yourself, your spouse (if living in the same household at any point during the year) and any dependents as claimed on Form 1, line 2b or Form 1-NR/PY, line 4b. If married filing separately **and** living in the same household at any point during the year, also be sure to include in line 1c any dependents claimed on your tax return and any dependents claimed by your spouse on your spouse's tax return.

Note: Failure to enter this information will delay the processing of your return.

Line 2. Federal Adjusted Gross Income

Enter your federal adjusted gross income (from U.S. Form 1040, line 7). If married filing separately **and** living in the same household, each spouse must combine their income figures from their separate U.S. returns when completing this section. If you did not have a requirement to file a U.S. return, you must enter 0 in this section.

Note: Failure to enter this information will delay the processing of your return.

Line 3. Your Health Insurance Status in 2018

If you had health insurance in 2018, you must first determine if the insurance you had met the Minimum Creditable Coverage requirements. Your Form MA 1099-HC sent to you by your insurer will give you this information. Almost all state and government sponsored insurance plans, such as MassHealth, ConnectorCare and other Health Connector plans, Medicare, and health coverage for U.S. Military, including Veterans Administration and Tri-Care, meet these requirements.

Important information: The Health Safety Net is not health insurance, and thus it does not meet MCC requirements. If this is the only way in which your health care needs were paid for in 2018, you must fill in the No MCC/None oval in line 3 and go to line 6.

If you did not receive Form MA 1099-HC from your insurer, see the special section on MCC requirements. Once you have determined whether your coverage met the MCC requirements in 2018, enter the period of time that you were covered by the plan(s).

Explanation of time periods for line 3 of Schedule HC

► **Full-year MCC.** Fill in this oval if you had health insurance that met MCC requirements for the entire year of 2018 and go to line 4.

► **Part-year MCC.** Fill in this oval if you had health insurance that met MCC requirements for only part of 2018 and go to line 4. This means for the other parts of 2018, you had no health insurance at all, health insurance that did not meet MCC requirements or a combination of both.

► **No MCC/None.** Fill in this oval if you did not, at any point in 2018, have health insurance that met MCC requirements, for example, either you did not have any health insurance at all in 2018, or you only had health insurance that did not meet MCC requirements and then go to line 6.

If married filing jointly, you must respond for yourself and your spouse. If you (or your spouse, if married filing jointly) had **Full-Year** or **Part-Year MCC**, go to line 4. If you (or your spouse, if married filing jointly) had **No MCC/None**, go to line 6. If married filing jointly, and only one spouse had **Full-Year** or **Part-Year MCC**, you must complete line 4 with information regarding the spouse who had **Full-Year** or **Part-Year MCC**, and must go to line 6 for the spouse who had **No MCC/None**. If married filing separately, you only have to respond for yourself, not your spouse.

Note: Failure to enter this information will delay the processing of your return.

Special Circumstances — Important Information: If, during 2018, you turned 18, moved into or out of Massachusetts or if you are filing a tax return on behalf of a deceased taxpayer, you must first determine the period of time that the mandate applied to you. See the Special Circumstances section on this page for additional information. If you had health insurance that met the Minimum Creditable Coverage requirements for the entire period that the mandate applied to you, fill in the **Full-Year MCC** oval in line 3. If you met the requirements for only part of the time that the mandate applied to you, fill in the **Part-Year MCC** oval. If you had no insurance or insurance that did not meet the MCC requirements for the period of time that the mandate applied to you, fill in the **No MCC/None** oval.

Line 4. Your Health Insurance Plan Information

If you indicated in line 3 that you were enrolled in a health insurance plan that met the Minimum Creditable Coverage requirements for all or part of 2018, you must now fill in the oval that matches your plan. If you had more than one plan in 2018, fill in all of the ovals that apply for you and your spouse, if married filing jointly, and follow the instructions.

Line 4a. If you (and/or your spouse if married filing jointly) were enrolled in private health insurance, including ConnectorCare, fill in the oval(s) in line 4a and complete line 4f (for you) and/or 4g (your spouse) using Form(s) MA 1099-HC. This form will be issued to you by your health insurance carrier or administrator, no later than January 31, 2018.

Note: If you received Form(s) MA 1099-HC, be sure to attach to Schedule HC. If you did not receive Form(s) MA 1099-HC, fill in the oval(s) in lines 4f (for you) and/or 4g (your spouse), and enter the name of your insurance carrier or administrator and your subscriber number in line 4f and/or 4g and go to line 5. This information should be on your insurance card. If you do not know this information, contact your insurer or your Human Resources Department if your insurance is through your employer.

Note: Generally, employees or retirees of the federal, state or local governments have private health insurance and should fill in the oval(s) in line 4a and complete line 4f (for you) and/or line 4g (your spouse) and then go to line 5.

If you and your spouse were enrolled in the same health insurance, you must complete both line 4f (for you) and 4g (your spouse).

Line 4b. If you (and/or your spouse if married filing jointly) were enrolled in MassHealth fill in the Yes oval(s) in line 4b and go to line 5.

Line 4c. If you (and/or your spouse if married filing jointly) were enrolled in Medicare (including a replacement or supplemental plan), fill in the oval(s) in line 4c and then go to line 5.

Note: Fill in the Medicare oval(s) even if you have a supplemental or replacement plan that you may have purchased on your own.

Line 4d. If you (and/or your spouse if married filing jointly) were enrolled in a U.S. Military plan (including Veterans Administration and Tri-Care), fill in the oval(s) in line 4d and then go to line 5.

Line 4e. If you (and/or your spouse if married filing jointly) were enrolled in Other government health coverage fill in the oval(s) in line 4e and complete line 4f (for you) and/or 4g (your spouse) by entering the program name(s) only.

“Other government health coverage” includes comprehensive government-subsidized plans such as care provided at a correctional facility or by an Indian Health Service provider or tribally-operated facility. Taxpayers who receive MassHealth should fill in the oval on line 4b. Taxpayers who receive ConnectorCare should fill in the oval on line 4a. Taxpayers who receive health care through the Health Safety Net (formerly known as the Uncompensated Care Pool) should not fill in any oval in

line 4 because the Health Safety Net is not health insurance, and thus it does not meet Minimum Creditable Coverage requirements.

Lines 4f and 4g. Complete only if you filled in oval(s) in line(s) 4a or 4e. Enter information in lines 4f and 4g on up to two insurance carriers each, if you (and/or your spouse if married filing jointly) were covered by multiple insurers in 2018.

Note: If you filled in the oval(s) in line 4e, only enter the name of the program or organization. If you were eligible for services through the Indian Health Service or a tribal organization, enter “Indian Health” on this line. After completing lines 4f and 4g, go to line 5.

If you (and/or your spouse if married filing jointly) had health insurance from more than two insurance carriers, fill out Schedule HC-CS, Health Care Continuation Sheet. If you file Schedule HC-CS, report your two most recent insurance carriers first on Schedule HC and use Schedule HC-CS to report the additional insurance carriers for yourself (and/or your spouse if married filing jointly). Schedule HC-CS is available on DOR’s website at mass.gov/dor.

Line 5. Instructions After Completing Lines 3 and 4

If your health insurance met the Minimum Creditable Coverage requirements for all of 2018, you are not subject to a penalty. Skip the remainder of this schedule and continue completing your tax return. If you were enrolled in Medicare, U.S. Military (including Veterans Administration and Tri-Care), or other government insurance, not including MassHealth, at any point during 2018, you are not subject to a penalty. Skip the remainder of this schedule and continue completing your tax return. Be sure to enclose page 1 of Schedule HC with your return.

If you had health insurance that met the MCC requirements for only part of the year in 2018 or if you had no insurance in 2018, go to line 6.

Line 6. Federal Poverty Level

Individuals with income at or below 150% of the Federal Poverty Level (FPL) are not subject to a penalty for failure to purchase health insurance. Complete the Line 6, Federal Poverty Worksheet to determine if your income in 2018 was at or below 150% of the Federal Poverty Level.

Note for MassHealth enrollees: If you did not receive a Form MA 1099-HC and you answered No to line 6, please call MassHealth at 1-866-682-6745 for a copy. Taxpayers who receive ConnectorCare should call their health plan for a copy of Form MA 1099-HC. If you answered Yes to line 6, you do not need to complete this section and you do not need

a Form MA 1099-HC. If you answered Yes to line 6, you are not subject to a penalty. Skip the remainder of Schedule HC and continue completing your return. Be sure to enclose pages 1 and 2 of Schedule HC with your return.

Line 7. Months Covered by Minimum Creditable Coverage Health Insurance

Complete this section only if you (and/or your spouse if married filing jointly) were enrolled in a health insurance plan(s) that met Minimum Creditable Coverage requirements for part, but not all, of 2018. You are considered to have coverage for part of 2018 if you had coverage for at least 1 but less than 12 months.

If you were enrolled in a private health insurance plan that met MCC requirements (such as coverage provided by your employer or purchased on your own) or government-sponsored health insurance (examples of which include MassHealth or Commonwealth Care), fill in the oval(s) for the months you were covered in 2018, using the information from Form(s) MA 1099-HC.

If you did not receive a Form MA 1099-HC from your insurer, fill in the oval(s) for each month in which you had coverage that met MCC requirements for 15 days or more. If you had coverage in any month for 14 days or less, you must leave the oval(s) blank.

If you have four or more consecutive months either with no insurance or insurance that did not meet MCC requirements (four or more blank ovals in a row), go to line 8a. Otherwise, you are not subject to a penalty. Skip the remainder of Schedule HC and continue completing your return. Be sure to enclose pages 1 and 2 of Schedule HC with your return.

If you are filing a joint return and one spouse has three or fewer blank ovals in a row, and the other spouse has four or more blank ovals in a row, the spouse with three or fewer blank ovals in a row is not subject to a penalty and should skip the remainder of Schedule HC. The spouse with four or more blank ovals in a row must go to line 8a.

Special Circumstances During 2018

Note: Schedule HC must be completed and filed even if you fall into a “Special Circumstances” category. Also, do not count the months that the mandate did not apply when determining if you have four or more consecutive months without health insurance.

Turning 18. If you turned 18 during 2018, the mandate to maintain and obtain health insurance applies to you beginning on the first day of the third month following the month of your birthday.

For example, if your birthday is June 15, the mandate applies on September 1. In this example, do not count the months of January through August because the mandate did not apply.

Part-year residents. If you moved into Massachusetts during 2018, the mandate to obtain and maintain health insurance applies to you beginning on the first day of the third month following the month you became domiciled in (a resident of) Massachusetts. For example, if you moved into Massachusetts on May 14, the mandate applies on August 1. In this example, do not count the months of January through July because the mandate did not apply.

If you moved out of Massachusetts during 2018, the mandate to obtain and maintain health insurance applies to you up until the last day of the last full month you were a resident. For example, if you moved out of Massachusetts on July 10, the mandate applies up to June 30. In this example, do not count the months of July through December because the mandate did not apply.

Deceased taxpayer. If a taxpayer died during 2018, the mandate to obtain and maintain health insurance applies to the deceased taxpayer up until the last day of the last full month the taxpayer was alive. For example, if a taxpayer died on August 4, the mandate applies up to July 31. In this example, do not count the months of August through December because the mandate did not apply.

Line 8. Religious Exemption

Line 8a. A religious exemption is available for anyone who has a sincere religious belief that is the basis of refusal to obtain and maintain health insurance coverage. Fill in the Yes oval(s) if you are claiming a religious exemption from the requirement to purchase health insurance based on your sincerely held religious beliefs that cause you to object to substantially all forms of treatment covered by health insurance.

If you (and your spouse if married filing jointly) answer **Yes** to line 8a, go to line 8b.

If you (and your spouse if married filing jointly) answer **No** to line 8a, go to line 9.

If you are filing a joint return and one spouse answers **No** to line 8a but the other spouse answers **Yes**, the spouse who answered **Yes** must go to line 8b and the spouse who answered **No** must go to line 9.

Line 8b. If you are claiming a religious exemption but you received medical health care during tax year 2018, such as treatment during an emergency room visit, you may be subject to a penalty if it is determined that you could have afforded health insurance.

Medical health care excludes certain treatments such as preventative dental care, certain eye examinations and vaccinations. It also excludes a physical examination when required by a third party, such as a prospective employer. For additional information, see Department of Revenue regulation 830 CMR 111M.2.1, Health Insurance Individual Mandate; Personal Income Tax Return Requirements, available on the department's website at mass.gov/dor.

If you (and your spouse if married filing jointly) answer **Yes** on line 8a and **No** on line 8b, the penalty does not apply to you. Skip the remainder of Schedule HC and continue completing your tax return. Be sure to enclose pages 1 and 2 of Schedule HC with your return.

If you (and your spouse if married filing jointly) answered **Yes** on both lines 8a and 8b, go to line 9.

If you are filing a joint return and one spouse answers **No** to line 8b but the other spouse answers **Yes** to line 8b, the spouse who answered **No** is not subject to a penalty and should skip the remainder of Schedule HC. The spouse who answered **Yes** must go to line 9.

Line 9. Certificate of Exemption

The Massachusetts Health Connector provided certificates of exemption to qualified taxpayers who applied in 2018.

▶ If you have a “**Certificate of Exemption**” issued by the Massachusetts Health Connector for the 2018 tax year, a penalty does not apply to you. Fill in the **Yes** oval(s) in line 9 of Schedule HC and enter the certificate number in the space provided.

Note: Only enter the **numbers** of the Certificate of Exemption. Do **not** enter letters, spaces or dashes. For example, if the certificate number on your Certificate of Exemption is AML1123456-78, enter in the spaces provided 12345678. If married filing jointly and both spouses have a certificate, each spouse must enter their certificate number in the space provided. Skip the remainder of Schedule HC and continue completing your tax return. Be sure to enclose pages 1 and 2 of Schedule HC with your return.

▶ If you answered **No** to line 9, go to line 10.

▶ If you are filing a joint return and one spouse answers **Yes** to line 9 but the other spouse answers **No** to line 9, the spouse who answered **Yes** must enter the certificate number and skip the remainder of Schedule HC and the spouse who answered **No** must go to line 10.

For more information about Certificates of Exemption, visit the Massachusetts Health Connector's website at MAhealthconnector.org.

Note: If you received a Certificate of Exemption from the federal shared responsibility requirement in 2018, issued by the Federal Health Insurance Marketplace, do not enter that information in line 9.

Lines 10, 11 and 12. Affordability As Determined By State Guidelines

Taxpayers who had four or more consecutive months without health insurance that met Minimum Creditable Coverage in 2018 may be subject to a penalty if they had access to affordable health insurance that met MCC requirements.

If you answered Yes in line 6 of Schedule HC indicating that your income was at or below 150% of the Federal Poverty Level, or

If you had three or fewer blank ovals in a row as shown in line 7,

you are not subject to a penalty and should skip the remainder of Schedule HC and continue completing your tax return. Be sure to enclose pages 1 and 2 of Schedule HC with your return.

You must complete the Schedule HC Worksheets for Lines 10, 11 and 12 if you were uninsured for all of 2018 or if you had four or more consecutive months without health insurance (four or more blank ovals in a row in the Months Covered by Health Insurance That Met Minimum Creditable Coverage section of line 7).

To complete these worksheets, you will need to have your completed 2018 U.S. Form 1040. You also will need to know how much it would have cost you to enroll in any health insurance plan offered by an employer in 2018. An employer's Human Resources Department should be able to provide this amount to you. Be sure to enclose pages 1 to 3 of Schedule HC with your return.

Filing an Appeal

If you are subject to a state penalty for not obtaining health insurance in 2018, you have the right to appeal. The appeal will be heard by the Massachusetts Health Connector, an independent state body.

Note: You may also be subject to a separate federal penalty if you were uninsured. Visit irs.gov for more information on the federal requirements. If you are subject to a federal penalty, you must enter that amount on Form 1, line 35c or Form 1-NR/PY, line 39c.

In your appeal, you may claim that the penalty should not apply to you. You may claim that you could not afford insurance in 2018 because you experienced a hardship. To establish a hardship, you must be able to show that, during 2018:

a. You were homeless, more than 30 days in arrears in rent or mortgage payments, or received an eviction or foreclosure notice;

b. You received a shut-off notice, were shut off, or were refused the delivery of essential utilities (gas, electric, oil, water, or telephone);

c. You incurred a significant, unexpected increase in essential expenses resulting directly from the consequences of: (i) domestic violence; (ii) the death of a spouse, family member, or partner with primary responsibility for child care, where that spouse, family member, or partner shared household expenses with you; (iii) the sudden responsibility for providing full care for yourself, an aging parent or other family member, including a major, extended illness of a child that required a working parent to hire a full-time caretaker for the child; or (iv) a fire, flood, natural disaster, or other unexpected natural or human-caused event causing substantial household or personal damage for the individual filing the appeal.

d. Your financial circumstances were such that the expense of purchasing health insurance would have caused you to experience a serious deprivation of food, shelter, clothing or other necessities.

e. Your family size was so large that reliance on the affordability schedule (see Table 3: Affordability) to determine how much you could afford to pay for health insurance is inequitable.

f. During 2018 you purchased health insurance that did not meet Minimum Creditable Coverage requirements, but which was close to or substantially met those requirements, and you felt that your circumstances prevented you from buying other insurance that met the requirements.

g. During 2018 you purchased health insurance that did not meet Minimum Creditable Coverage requirements because that is all that your employer offered, and you felt that your circumstances prevented you from buying other insurance that met the requirements.

You may also base your appeal on other circumstances, such as the application of the affordability tables in Schedule HC to you is inequitable (for example, due to fluctuations in income or other changes in life circumstances that affect financial status during the year), you were unable to obtain government-subsidized insurance despite your income, or other circumstances that made you unable to purchase insurance despite your income.

If you file an appeal, you will be required to state your grounds for appealing, and provide further information and supporting documentation. Any statements and claims you make will be under pains and penalties of perjury.

How to Appeal

To appeal, you must fill in the oval for you (and your spouse, if applicable) on Schedule HC, Appeals Section that authorizes DOR to share information in your tax return, including Schedule HC, with the Massachusetts Health Connector, the independent state body that will hear the appeal. No penalty will be assessed by DOR pending the outcome of your appeal. Be sure to enclose pages 1 to 3 of Schedule HC with your return.

Note: If you are filing an appeal, make sure you have calculated the penalty amount that you are appealing, but do not assess yourself or enter a penalty amount on your income tax return.

If you (and/or your spouse, if married filing jointly) fill in that oval on your return, you will receive a follow-up letter from the Massachusetts Health Connector asking you to state your grounds for appeal in writing, and submit supporting documentation. **Failure to respond to that form within the time specified will lead to dismissal of your appeal. Also, you (and/or your spouse, if married filing jointly) are allowed only one opportunity to appeal.** The Massachusetts Health Connector will then review the information you provided. You may be required to participate in a hearing on your case. You will be required to state your claims under pains and penalties of perjury.

Note: Do not include any hardship documentation with your original return. You will be required to submit supporting hardship documentation at a later date during the appeal process.

Schedule HC Worksheets and Tables

Following are the necessary worksheets you may need to complete your 2018 Schedule HC. Retain these worksheets for your records. Do *not* submit these with your tax return.

Schedule HC Worksheet for Line 6: Federal Poverty Level

1. Enter your federal adjusted gross income from Schedule HC, line 2 **1**
2. Enter the income amount that corresponds to your family size (as entered on Schedule HC, line 1c) from the 150% FPL column from Table 1 **2**

If line 1 is less than or equal to line 2, your income in 2018 was at or below 150% of the Federal Poverty Level and the penalty does not apply to you in 2018. Fill in the Yes oval in line 6 of Schedule HC, skip the remainder of Schedule HC and continue completing your tax return.

If line 1 is greater than line 2, your income in 2018 was above 150% of the Federal Poverty Level. Fill in the No oval in line 6 of Schedule HC and go to line 7 of Schedule HC.

Table 1: Federal Poverty Level, Annual Income Standards

Family size*	150% FPL
1	\$18,090
2	\$24,360
3	\$30,630
4	\$36,900
5	\$43,170
6	\$49,440
7	\$55,710
8	\$61,980
additional	+\$ 6,270

***Include only yourself, your spouse (if living in the same household at any point during the year), and any dependents as claimed on Form 1, line 2b or Form 1-NR/PY, line 4b. If married filing separately and living in the same household at any point during the year, include all dependents claimed by you and your spouse.**

Schedule HC Worksheet for Line 10: Eligibility for Employer-Sponsored Insurance That Met Minimum Creditable Coverage

The following worksheet will determine if you could have afforded employer-sponsored health insurance that met Minimum Creditable Coverage in 2018 (the employer's Human Resources Department should be able to provide this information to you). Complete only if you (and/or your spouse if married filing jointly) were eligible for insurance that met Minimum Creditable Coverage offered by an employer for the entire period you were uninsured in 2018 that covered you, and your spouse and dependent children, if any. If an employer did not offer health insurance that met Minimum Creditable Coverage that covered you, and your spouse and dependent children, if any, or if you were not eligible for insurance that met Minimum Creditable Coverage offered by an employer, you were self-employed or you were unemployed, fill in the No oval(s) in line 10 of Schedule HC and complete the Schedule HC Worksheet for Line 11 on page HC-9.

Note: If you answered Yes in line 6 of Schedule HC indicating that your income was at or below 150% of the Federal Poverty Level or you had three or fewer blank ovals in a row during the period that the mandate applied on line 7 of Schedule HC, the penalty does not apply to you. Do not complete this worksheet. Skip the remainder of Schedule HC and continue completing your return. Be sure to enclose Schedule HC with your return. If an employer offered you free health insurance coverage in 2018 that met Minimum Creditable Coverage (the employer's Human Resources Department should be able to provide this information to you), you are deemed able to afford health insurance and are subject to a penalty. Fill in the Yes oval(s) in line 10 of Schedule HC and go to the Health Care Penalty Worksheet on page HC-12.

1. Enter your federal adjusted gross income from U.S. Form 1040, line 7 **1**

If line 1 is less than or equal to: \$18,090 if single or married filing separately with no dependents; \$24,360 if married filing jointly with no dependents or head of household/married filing separately with one dependent; or \$30,630 if married filing jointly with one or more dependents or head of household/married filing separately with two or more dependents, you are deemed unable to afford employer-sponsored health insurance that met Minimum Creditable Coverage requiring an employee contribution. Fill in the No oval(s) in line 10 of Schedule HC. Skip the remainder of this worksheet and go to the Schedule HC Worksheet for Line 11 on page HC-9.

If line 1 is more than: \$18,090 if single or married filing separately with no dependents; \$24,360 if married filing jointly with no dependents or head of household/married filing separately with one dependent; or \$30,630 if married filing jointly with one or more dependents or head of household/married filing separately with two or more dependents, **go to line 2.**

2. Enter the lowest monthly premium cost of health insurance that would cover you, and your spouse and dependent children, if any, offered to you during your uninsured period in 2018 through an employer. The employer's Human Resources Department should be able to provide this amount to you. **2**

3. Enter the affordable premium as a percentage of income that corresponds with your income range (from line 1 of worksheet) and filing status from Table 3: Affordability on page HC-11. To find this amount, look at the row for your income range in col. a of the appropriate table based on your filing status and go to col. b to find the percentage **3**

4. Multiply 1 by line 3. **4**

Note: When you multiply by a percentage, move the decimal point two places to the left first. For example, if your percentage is 7.40%, multiply your income by 0.0740.

5. Divide line 4 by 12 to calculate the monthly premium considered affordable to you **5**

If line 2 is less than or equal to line 5: you are deemed able to afford employer-sponsored health insurance that met Minimum Creditable Coverage during your uninsured period(s), which you did not obtain, and you are subject to a penalty. Fill in the Yes oval(s) in line 10 of Schedule HC, and go to the Health Care Penalty Worksheet on page HC-12.

If line 2 is greater than line 5: you could not afford health insurance that met Minimum Creditable Coverage offered to you by your employer, fill in the No oval(s) in line 10 of Schedule HC, and complete the following Schedule HC Worksheet for Line 11 on page HC-9.

Schedule HC Worksheet for Line 11: Eligibility for Government-Subsidized Health Insurance

The following worksheet will determine if you were eligible for government-subsidized health insurance in 2018. Complete the following worksheet only if an employer did not offer you affordable health insurance that met Minimum Creditable Coverage requirements, as determined in the Schedule HC Worksheet for Line 10.

Note: If you answered Yes in line 6 of Schedule HC indicating that your income was at or below 150% of the Federal Poverty Level or you had three or fewer blank ovals in a row during the period that the mandate applied on line 7 of Schedule HC, the penalty does not apply to you. Do not complete this worksheet. Skip the remainder of Schedule HC and continue completing your return.

If married filing separately and living in the same household, each spouse must combine their income figures from their separate U.S. returns when completing this worksheet.

- 1. Enter your federal adjusted gross income from U.S. Form 1040, line 7. **1**
- 2. Enter the amount from the Income column, based on your family size **2**

If line 1 is greater than line 2: you were ineligible for government-subsidized health insurance in 2018 and must fill in the No oval(s) in line 11 of Schedule HC, and go to Schedule HC Worksheet for Line 12 to determine if you were deemed able to afford private health insurance.

If line 1 is less than or equal to line 2, and at any point during the period when you were uninsured: you were not a citizen or a non-citizen legally residing in the U.S., or an employer offered an individual plan that cost less than 9.56% of your household income and met minimum value standards (the employer’s Human Resources Department should be able to provide this information to you), or you applied for MassHealth or subsidized coverage through the Health Connector and were denied because you were ineligible for services, **you are deemed ineligible for government-subsidized health insurance in 2018.** Fill in the No oval(s) in line 11 of Schedule HC, and go to Schedule HC Worksheet for Line 12 to determine if you were able to afford private health insurance.

If line 1 is less than or equal to line 2, and none of the above conditions apply, you would have been deemed eligible for government-subsidized health insurance in 2018, which you did not obtain and you are subject to a penalty. Fill in the Yes oval(s) in line 11 of Schedule HC and go to the Health Care Penalty Worksheet on page HC-12. **Note:** If you believe that, during the period when you were uninsured, your income was actually too high to qualify for government-subsidized insurance, you may have grounds to appeal the penalty. Fill in the Yes oval(s) in line 11 of Schedule HC and go to the instructions for the Appeals section.

Table 2: Income at 300% of the Federal Poverty Level

Family size*	Income
1	\$ 36,180
2	\$ 48,720
3	\$ 61,260
4	\$ 73,800
5	\$ 86,340
6	\$ 98,880
7	\$111,420
8	\$123,960

***Include only yourself, your spouse (if married filing a joint return) and any dependent children you claim on your federal tax return in your family size. For family size over 8, add \$12,540 for each additional family member.**

Schedule HC Worksheet for Line 12: Ability to Purchase Affordable Private Health Insurance That Met Minimum Creditable Coverage

The following worksheet will determine if you could have purchased affordable private health insurance that met Minimum Creditable Coverage in 2018. Complete the following worksheet only if you (and/or your spouse if married filing jointly) were deemed ineligible for government-subsidized health insurance, as determined in the Schedule HC Worksheet for line 11.

Note: If you answered Yes in line 6 of Schedule HC indicating that your income was at or below 150% of the Federal Poverty Level or you had three or fewer blank ovals in a row during the period that the mandate applied in line 7 of Schedule HC, the penalty does not apply to you. Do not complete this worksheet. Skip the remainder of Schedule HC and continue completing your return. Be sure to enclose Schedule HC with your return.

1. Enter your federal adjusted gross income from U.S. Form 1040, line 7 **1**

2. Enter the monthly premium that corresponds with your county of residency, age (if married filing a joint return, use the age of the older spouse) and filing status from Table 4: Premiums on page HC-11. **2**

Go to the table that corresponds to your county of residency and go to the row for your age range and then go to the column based on your filing status to find the monthly premium amount.

3. Enter the affordable premium as a percentage of income that corresponds with your income range (from line 1 of worksheet) and filing status from Table 3: Affordability on page HC-11. To find this amount, look at the row for your income range in col. a of the appropriate table based on your filing status and go to col. b to find the percentage. **3**

4. Multiply line 1 by line 3 **4**

Note: When you multiply by a percentage, move the decimal point two places to the left first. For example, if your percentage is 7.40%, multiply your income by 0.0740.

5. Divide line 4 by 12 to calculate the monthly premium considered affordable to you **5**

If line 2 is greater than line 5: you are deemed unable to afford health insurance that met Minimum Creditable Coverage and not subject to a penalty, and you must fill in the No oval(s) in line 12 of Schedule HC and skip the remainder of Schedule HC and continue completing your tax return.

If line 2 is less than or equal to line 5: you are deemed able to afford private health insurance that met Minimum Creditable Coverage, which you did not obtain; you are subject to a penalty and you must fill in the Yes oval(s) in line 12 of Schedule HC and go to the Health Care Penalty Worksheet on page HC-12.

Table 3: Affordability

Individual or Married Filing Separately (no dependents)		
a. Federal adjusted gross income		b. Affordable premium as a percentage of income
From	To	
\$ 0	\$18,090	0.00%
\$18,091	\$24,120	2.90%
\$24,121	\$30,150	4.20%
\$30,151	\$36,180	5.00%
\$36,181	\$42,210	7.45%
\$42,211	\$48,240	7.60%
\$48,241	—	8.05%

Married Filing Jointly with no dependents or Head of Household/ Married Filing Separately with one dependent		
a. Federal adjusted gross income		b. Affordable premium as a percentage of income
From	To	
\$ 0	\$24,360	0.00%
\$24,361	\$32,480	4.35%
\$32,481	\$40,600	6.25%
\$40,601	\$48,720	7.45%
\$48,721	\$56,840	7.45%
\$56,841	\$64,960	7.60%
\$64,961	—	8.05%

Married Filing Jointly with one or more dependents or Head of Household/ Married Filing Separately with two or more dependents		
a. Federal adjusted gross income		b. Affordable premium as a percentage of income
From	To	
\$ 0	\$30,630	0.00%
\$30,631	\$40,840	3.45%
\$40,841	\$51,050	4.95%
\$51,051	\$61,260	5.95%
\$61,261	\$71,470	7.45%
\$71,471	\$81,680	7.60%
\$81,681	—	8.05%

Table 4: Premiums

Region 1. Berkshire, Franklin and Hampshire Counties			
Age	Individual ¹	Married couple (no dependents)	Family ²
0–30	\$230	\$459	\$624
31–34	\$253	\$506	\$647
35–39	\$260	\$519	\$660
40–44	\$278	\$555	\$696
45–49	\$317	\$634	\$775
50–54	\$369	\$737	\$878
55+	\$379	\$758	\$899

Region 2. Barnstable, Bristol, Essex, Hampden, Middlesex, Norfolk, Plymouth, Suffolk and Worcester Counties			
Age	Individual ¹	Married couple (no dependents)	Family ²
0–30	\$249	\$498	\$697
31–34	\$282	\$564	\$721
35–39	\$290	\$579	\$736
40–44	\$310	\$619	\$777
45–49	\$354	\$707	\$865
50–54	\$411	\$822	\$979
55+	\$423	\$846	\$1,003

Region 3. Dukes and Nantucket Counties			
Age	Individual ¹	Married couple (no dependents)	Family ²
0–30	\$325	\$650	\$1,055
31–34	\$427	\$854	\$1,092
35–39	\$438	\$876	\$1,114
40–44	\$469	\$938	\$1,176
45–49	\$536	\$1,071	\$1,309
50–54	\$622	\$1,244	\$1,482
55+	\$641	\$1,281	\$1,519

1. Includes married filing separately (no dependents).
2. Head of household or married couple with dependent(s).

Health Care Penalty Worksheet

Complete the following worksheet to calculate the penalty. If married filing a joint return and both you and your spouse are subject to a penalty, separate worksheets must be filled out to calculate the separate penalty amounts for you and your spouse, using your married filing jointly income. Each separate penalty amount must then be entered on Form 1, **line 35a and line 35b** or Form 1-NR/PY, line 39a and line 39b.

Note: If you answered Yes in line 6 of Schedule HC indicating that your income was at or below 150% of the Federal Poverty Level, the penalty does not apply to you. Do not complete this worksheet. Skip the remainder of Schedule HC and continue completing your tax return.

1. Enter your federal adjusted gross income from Schedule HC, line 2 **1**
2. Look at Table 5, Annual Income Standards, and enter col. A, B, C or D, based on your family size (from line 1c of Schedule HC) and income (from line 1 above) **2**
3. Based on the column entered in line 2, go to Table 6, Penalties for 2018, to determine the monthly penalty amount. Enter that amount here. If you entered col. D, enter the penalty amount that corresponds to your age **3**
4. Enter the number of gap(s) in coverage of four or more consecutive months in which you were uninsured, as shown in Schedule HC, line 7. (**Turning 18, Part-Year Residents or a Taxpayer Was Deceased:** When completing line 4, do not include the number of unfilled ovals for months that the mandate did not apply, as determined in Schedule HC, line 7.) If you were uninsured for all of 2018 or for the period that the mandate applied, enter 0. **4**
5. Enter the total number of months for the gap(s) in coverage in which you were uninsured from line 4. If you were uninsured for all of 2018, enter "12" **5**
6. Multiply line 4 by the number "3" **6**
7. Subtract line 6 from line 5. **7**
8. Multiply line 3 by line 7. This is your penalty amount. **8**

If you are subject to a penalty because you are deemed able to afford insurance in 2018 but did not obtain it, you may appeal the application of the penalty to you. Instructions for filing an appeal can be found online at mass.gov/dor. If you are filing an appeal, do not enter a penalty amount on Form 1, **line 35a or line 35b** or Form 1-NR/PY, line 39a or line 39b. If you are not appealing the penalty, enter the penalty amount from line 8 on Form 1, **line 35a or line 35b** or Form 1-NR/PY, line 39a or line 39b.

Table 5: Annual Income Standards

Family size	Col. A		Col. B		Col. C		Col. D
	From	To	From	To	From	To	Above
1	\$18,091	\$24,120	\$24,121	\$30,150	\$30,151	\$36,180	\$36,180
2	24,361	32,480	32,481	40,600	40,601	48,720	48,720
3	30,631	40,840	40,841	51,050	51,151	61,260	61,260
4	36,901	49,200	49,201	61,500	61,501	73,800	73,800
5	43,171	57,560	57,561	71,950	71,951	86,340	86,340
6	49,441	65,920	65,921	82,400	82,401	98,880	98,880
7	55,711	74,280	74,281	92,850	92,851	111,420	111,420
8	61,981	82,640	82,641	103,300	103,301	123,960	123,960
additional	+\$ 6,270	+\$ 8,360	+\$ 8,360	+\$10,450	+\$10,450	+\$12,540	+\$12,540

Table 6: Penalties for 2018

Col.	Monthly penalty amount
A	\$ 22.00
B	\$ 42.00
C	\$ 63.00
D	\$119.00

Municipality	County	Municipality	County	Municipality	County	Municipality	County
Abington	Plymouth	Edgartown	Dukes	Medway	Norfolk	Seekonk	Bristol
Acton	Middlesex	Egremont	Berkshire	Melrose	Middlesex	Sharon	Norfolk
Acushnet	Bristol	Erving	Franklin	Mendon	Worcester	Sheffield	Berkshire
Adams	Berkshire	Essex	Essex	Merrimac	Essex	Shelburne	Franklin
Agawam	Hampden	Everett	Middlesex	Methuen	Essex	Sherborn	Middlesex
Alford	Berkshire	Fairhaven	Bristol	Middleborough	Plymouth	Shirley	Middlesex
Amesbury	Essex	Fall River	Bristol	Middlefield	Hampshire	Shrewsbury	Worcester
Amherst	Hampshire	Falmouth	Barnstable	Middleton	Essex	Shutesbury	Franklin
Andover	Essex	Fitchburg	Worcester	Milford	Worcester	Somerset	Bristol
Arlington	Middlesex	Florida	Berkshire	Millbury	Worcester	Somerville	Middlesex
Ashburnham	Worcester	Foxborough	Norfolk	Millis	Norfolk	South Hadley	Hampshire
Ashby	Middlesex	Framingham	Middlesex	Millville	Worcester	Southampton	Hampshire
Ashfield	Franklin	Franklin	Norfolk	Milton	Norfolk	Southborough	Worcester
Ashland	Middlesex	Freetown	Bristol	Monroe	Franklin	Southbridge	Worcester
Athol	Worcester	Gardner	Worcester	Monson	Hampden	Southwick	Hampden
Attleboro	Bristol	Gay Head	Dukes	Montague	Franklin	Spencer	Worcester
Auburn	Worcester	Georgetown	Berkshire	Monterey	Berkshire	Springfield	Hampden
Avon	Norfolk	Gill	Franklin	Montgomery	Hampden	Sterling	Worcester
Ayer	Middlesex	Gloucester	Essex	Mount Washington	Berkshire	Stockbridge	Berkshire
Barnstable	Barnstable	Goshen	Hampshire	Nahant	Essex	Stoneham	Middlesex
Barre	Worcester	Gosnold	Dukes	Nantucket	Nantucket	Stoughton	Norfolk
Becket	Berkshire	Grafton	Worcester	Natick	Middlesex	Stow	Middlesex
Bedford	Middlesex	Granby	Hampshire	Needham	Norfolk	Sturbridge	Worcester
Belchertown	Hampshire	Granville	Hampden	New Ashford	Berkshire	Sudbury	Middlesex
Bellingham	Norfolk	Great Barrington	Berkshire	New Bedford	Bristol	Sunderland	Franklin
Belmont	Middlesex	Greenfield	Franklin	New Braintree	Worcester	Sutton	Worcester
Berkley	Bristol	Groton	Berkshire	New Marlborough	Berkshire	Swampscott	Essex
Berlin	Worcester	Groveland	Essex	New Salem	Franklin	Swansea	Bristol
Bernardston	Franklin	Hadley	Hampshire	Newbury	Essex	Taunton	Bristol
Beverly	Essex	Halifax	Plymouth	Newburyport	Essex	Templeton	Worcester
Billerica	Middlesex	Hamilton	Essex	Newton	Middlesex	Tewksbury	Middlesex
Blackstone	Worcester	Hampden	Hampden	Norfolk	Norfolk	Tisbury	Dukes
Blandford	Hampden	Hancock	Berkshire	North Adams	Berkshire	Tolland	Hampden
Bolton	Worcester	Hanover	Plymouth	North Andover	Essex	Topsfield	Essex
Boston	Suffolk	Hanson	Plymouth	North Attleborough	Bristol	Townsend	Middlesex
Bourne	Barnstable	Hardwick	Worcester	North Brookfield	Worcester	Truro	Barnstable
Boxborough	Middlesex	Harvard	Worcester	North Reading	Middlesex	Tyngsborough	Middlesex
Boxford	Essex	Harwich	Barnstable	Northampton	Hampshire	Tyringham	Berkshire
Boylston	Worcester	Hatfield	Hampshire	Northborough	Worcester	Upton	Worcester
Braintree	Norfolk	Haverhill	Essex	Northbridge	Worcester	Uxbridge	Worcester
Brewster	Barnstable	Hawley	Franklin	Northfield	Franklin	Wakefield	Middlesex
Bridgewater	Plymouth	Heath	Franklin	Norton	Bristol	Wales	Hampden
Brimfield	Hampden	Hingham	Plymouth	Norwell	Plymouth	Walpole	Norfolk
Brockton	Plymouth	Hinsdale	Berkshire	Norwood	Norfolk	Waltham	Middlesex
Brookfield	Worcester	Holbrook	Norfolk	Oak Bluffs	Dukes	Ware	Hampshire
Brookline	Norfolk	Holden	Worcester	Oakham	Worcester	Wareham	Plymouth
Buckland	Franklin	Holland	Hampden	Orange	Franklin	Warren	Worcester
Burlington	Middlesex	Holliston	Middlesex	Orleans	Barnstable	Warwick	Franklin
Cambridge	Middlesex	Holyoke	Hampden	Otis	Berkshire	Washington	Berkshire
Canton	Norfolk	Hopedale	Worcester	Oxford	Worcester	Watertown	Middlesex
Carlisle	Middlesex	Hopkinton	Middlesex	Palmer	Hampden	Wayland	Middlesex
Carver	Plymouth	Hubbardston	Worcester	Paxton	Worcester	Webster	Worcester
Charlemont	Franklin	Hudson	Middlesex	Peabody	Essex	Wellesley	Norfolk
Charlton	Worcester	Hull	Plymouth	Pelham	Hampshire	Wellfleet	Barnstable
Chatham	Barnstable	Huntington	Hampshire	Pembroke	Plymouth	Wendell	Franklin
Chelmsford	Middlesex	Ipswich	Essex	Pepperell	Middlesex	Wenham	Essex
Chelsea	Suffolk	Kingston	Plymouth	Peru	Berkshire	West Boylston	Worcester
Cheshire	Berkshire	Lakeville	Plymouth	Petersham	Worcester	West Bridgewater	Plymouth
Chester	Hampden	Lancaster	Worcester	Phillipston	Worcester	West Brookfield	Worcester
Chesterfield	Hampshire	Lanesborough	Berkshire	Pittsfield	Berkshire	West Newbury	Essex
Chicopee	Hampden	Lawrence	Essex	Plainfield	Hampshire	West Springfield	Hampden
Chilmark	Dukes	Lee	Berkshire	Plainville	Norfolk	West Stockbridge	Berkshire
Clarksburg	Berkshire	Leicester	Worcester	Plymouth	Plymouth	West Tisbury	Dukes
Clinton	Worcester	Lenox	Berkshire	Plympton	Plymouth	Westborough	Worcester
Cohasset	Norfolk	Leominster	Worcester	Princeton	Worcester	Westfield	Hampden
Colrain	Franklin	Leverett	Franklin	Provincetown	Barnstable	Westford	Middlesex
Concord	Middlesex	Lexington	Middlesex	Quincy	Norfolk	Westhampton	Hampshire
Conway	Franklin	Leyden	Franklin	Randolph	Norfolk	Westminster	Worcester
Cummington	Hampshire	Lincoln	Middlesex	Raynham	Bristol	Weston	Middlesex
Dalton	Berkshire	Littleton	Middlesex	Reading	Middlesex	Westport	Bristol
Danvers	Essex	Longmeadow	Hampden	Rehoboth	Berkshire	Westwood	Norfolk
Dartmouth	Bristol	Lowell	Middlesex	Revere	Suffolk	Weymouth	Norfolk
Dedham	Norfolk	Ludlow	Hampden	Richmond	Berkshire	Whately	Franklin
Deerfield	Franklin	Lunenburg	Worcester	Rochester	Plymouth	Whitman	Plymouth
Dennis	Barnstable	Lynn	Essex	Rockland	Plymouth	Wilbraham	Hampden
Dighton	Bristol	Lynnfield	Essex	Rockport	Essex	Williamsburg	Hampshire
Douglas	Worcester	Malden	Middlesex	Rowe	Franklin	Williamstown	Berkshire
Dover	Norfolk	Manchester	Essex	Rowley	Essex	Wilmington	Middlesex
Dracut	Middlesex	Mansfield	Bristol	Royalston	Worcester	Winchendon	Worcester
Dudley	Worcester	Marblehead	Essex	Russell	Hampden	Winchester	Middlesex
Dunstable	Middlesex	Marion	Plymouth	Rutland	Worcester	Windsor	Berkshire
Duxbury	Plymouth	Marlborough	Middlesex	Salem	Essex	Winthrop	Suffolk
East Bridgewater	Plymouth	Marshfield	Plymouth	Salisbury	Essex	Woburn	Middlesex
East Brookfield	Worcester	Mashpee	Barnstable	Sandisfield	Berkshire	Worcester	Worcester
East Longmeadow	Hampden	Mattapoisett	Plymouth	Sandwich	Barnstable	Worthington	Hampshire
Eastham	Barnstable	Maynard	Middlesex	Saugus	Essex	Wrentham	Norfolk
Easthampton	Hampshire	Medfield	Norfolk	Savoy	Berkshire	Yarmouth	Barnstable
Easton	Bristol	Medford	Middlesex	Scituate	Plymouth		