Accessing a Consumer's Form 1095-A Job Aid

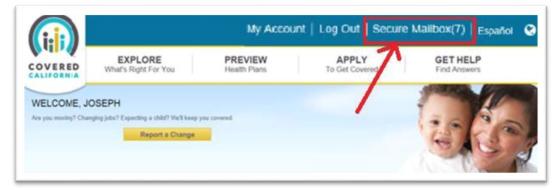
A cover letter and **Form 1095-A** are sent to consumers in the mail as an electronic document that can be accessed via a consumer's **Secure Mailbox** account. These documents are displayed in the account as an official Covered California notice listed as **CalNOD62**.

- CalNOD62A is generated each calendar year and includes the IRS Form 1095-A and instructions
- **CalNOD62B**, is generated for as a correction to the initial Form **1095-A**. It may take up to 60 days after corrections have been submitted to Covered California to generate in the account and an additional 14 days to be mailed as a paper copy
- Consumers, Agents, and Counselors have the ability to view and print these documents from their **coveredca.com** account once it has been generated

Consumers may access the documents from their Secure Mailbox

Covered California mails a paper copy of the notice to the Consumer's mailing address and sends the electronic copy of the notice to the Secure Mailbox associated with the Consumer's account. To view the notification online, the Consumer must log into their Covered California account.

• Once the Consumer has logged in, clicking the Secure Mailbox link above the Global Header navigates the Consumer to their Inbox



• Clicking on the Subject link allows the consumer to view, download and print their **1095-A** and **CalNOD62** notice

| ((i;j;)) | | | | | | My Account Log Out S | ecure Malbox(4) Español 🛛 🥹 |
|-----------------|--------------------------|----------|----------|-----------------|---------------------------|------------------------------------|-------------------------------|
| COVERED | EXPLOR What's Right F | | l | PREV Health | | APPLY To Get Covered | GET HELP Find Answers |
| nbox techive | | The subi | ect line | to read an mail | l, box next to the end | nail then click the Anthive buffic | |
| | | | | | | | 15. E |
| | | | 11 | 0 | From | Subject | Received |



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- If the consumer's account is currently terminated or they did not create an online account they should call the Covered California Service Center(1-800-300-1506) for assistance
- NOTE: The Secure Mailbox link does not display for Agents or Counselor's when viewing a consumer's case

Agents and Counselors have access to the 1095-A and CalNOD62 notice from the Consumer's Documents and Correspondence Page

The Form with its corresponding notice can be viewed on the *Documents and Correspondence* page for the case.

• To access the documents from the Consumer's account click on View Individual Account from the Individuals tap in the Agent Portal

| | | Customer Service 1-800-300-1506 Online Chat Help Logout Secure Mailbox Español |
|-------------------------|---|---|
| HOME EMPLOYERS INDIVID | DUALS | |
| | Mark Rivera | |
| Individual | SUMMARY | |
| Summary | Primary Applicant | Mark Rivera |
| Comments | Primary Address | 10877 White Rock Road |
| View Individual Account | | Rancho Cordova, CA 95670 |
| New Comment | Phone Number | 9999999999 |
| p new connew | Email | |
| | Eligibility Status Enrollment Status | |
| | | |

• Confirm "Individual View" to navigate to the Consumer Landing Page

| View Individual Account | 2 |
|---|------------------------|
| Clicking "Individual View" will take you to the In this portal you will be able to take actions on b fill out individual eligibility, etc. Proceed to Individual view? | |
| Don't Show This Message Again. | Cancel Individual View |



• Click Summary on the Consumer Landing page



• Click the Documents and Correspondence tab to navigate to the Documents and Correspondence page where the notice will be listed

| tan Enrollment by Yogram Tan Enrollment by Yerbon | DOCUMENTS AND CORRESP Documents Uploaded | ONDENCE | _ | |
|--|--|-----------------|------------------------|--------|
| togram Eligibility by | Document Name | Document Type I | Date/Time : | Action |
| whon | CalNOD01EligitalityOntermination | ELIGIBIUTY | 18.03/2014 14:10/27 PM | Vew |
| ansaction History | CalNOD01EligitalityDetermination | BLIGIBILITY | 11/04/2014 13:50:50 PM | View |
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| and the second | CallOD01EligibilityOntermination | ELIGIBILITY | 18000014 14:33 55 PM | Vew |
| ike Payment Now | CaNOD02Vertilicationshicon sistenciesReminder | OTHERS | 11/20/2014 14:52:04 PM | View |
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 For 2015, the year is appended to the Notice footer as NOD62A_2015 and will display by clicking "View"





Accessing a Consumer's Form 1095-A Job Aid

• A consumer may receive a CalNOD62B if corrections were made to their 1095-A explains the Consumer is receiving the Form because Covered California has received new information



Your destination for quality

healthcare, including Medi-Cal

John {FIRST_NAME} Hook {LAST_NAME} 456 ABC Street {ADDRESS_LINE1} Apt. 300 {ADDRESS_LINE2} Sacramento {CITY}, CA {STATE_CD (FK)} 95833 {ZIPCODE}

> Important Tax Document you will need before you file your <TAX YEAR> tax return

{CURRENT_DATE}

Case: {AHBX_CASE_ID}

Dear John {FIRST_NAME} Hook {LAST_NAME}.

You are getting this letter because Covered California has received new information from you or your health plan carrier. As a result, we have corrected or voided your Internal Revenue Service (IRS) Form 1095-A.

Your revised IRS Form 1095-A is attached to this letter. If the "CORRECTED" box is checked at the top of the form, it means that information provided in the original Form 1095-A has changed. Examples of the information that may have changed include:

- · Your personal information (for example, your home or mailing address)
- · Family members enrolled
- · Policy start and end dates
- Monthly enrollment premiums
- · Monthly advanced premium tax credits
- The Form 1095-A will display under the CalNOD62 notice

| rom 1095-A | Health Insurar | ice Marketpla | ce Statement | VOID | OMB No. 1545-2232 |
|--|----------------------|--|--|------------------------|------------------------------|
| Department of the Treasury Internal Revenue Service | Information about is | Form 1005-A and its se at www.irs.gov/form100 | parate instructions 6a. | CORRECTED | 2015 |
| Part I Recipien | t Information | | | | |
| 1 Marketplace identifier | | lace-assigned policy number | 3 Policy Issuer's nar | no | |
| 4 Recipient's name | B A | ET. | 5 Recipient's SSN | 6 Recipi | ent's date of birth |
| 7 Pecipient's spouse's ne | ate . | | 6 Recipient's apous- | e's-SSN 9 Recipi | ent's apouse's date of birth |
| 10 Polloy start date | 11 Polley to | mination date | 12 Street address (Inc | luding apartment no.) | |
| 13 city or town | 14 State or | province | 18 Country and ZIP O | ritoreign poetal code | 0 |
| Part II Covered | Individuals | | | | - |
| A. Cove | ed individual name | B, Covered Individual SSN | C. Covered Individual date of birth | D. Coverage start date | coverage termination date |
| 16 | | NU | | | |
| 17 | | | | | |
| 18 | | | | | |
| 19 | | | | | |
| 20 | | | | | |
| Part III Coverage | Information | | | | |



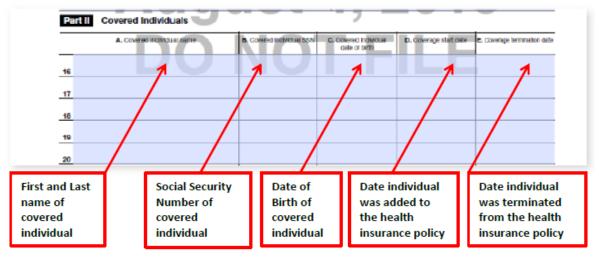
Key Data Fields For Form 1095-A

• **Part I** - The **1095-A** is prepopulated with recipient and policy information. Note the term recipient refers to the Tax Filer or Primary Contact. Only the last four digits of social security numbers of household members will display for security reasons

| rom 1095-A | Health Insurance Marketplace Statement |
|--|---|
| Department of the Treasury Internal Revenue Service | ► Information about Form 1005-A and its separate instructions CORRECTED 2015 |
| Part Recipient | Information |
| 1 Markotplace identifier | 2 Marketplace-assigned policy number 3 Policy issuer's name |
| 4 ecipient's name | 5 Becipient SSN & Recipient's date of brin |
| 7 Recipient's spouse's ma | ne / C Rectivent's spouse's SSN + Rectivent's spouse's date of |
| 10 Policy start date | 11 Policy termination date 12 Spect address Including apartment no.] |
| 13 City or Iown | 14 stated province |
| | |
| The specific | Number assigned by Name of the |
| dentifier for the CA Marketplace | the CA Marketplace insurance used to identify the company that |
| CA Marketplate | nolicy. It is a |
| | combination of Plan |
| | |
| | ID and Subscriber ID. |
| rom 1095-A | Health Insurance Marketplace Statement VOID VOID |
| Department of the Treasury Internal Revenue Service | Health Insurance Marketplace Statement VOID OMD No. 1045-22 Information about Form 1005-A and its separate instructions CORRECTED 2015 |
| Department of the Treasury Internal Revenue Service Part I Recipien | Health Insurance Marketplace Statement VOID OMD No. 1545-22 Information about Form 1005-A and its separate instructions CORRECTED 2015 is at www.irs.gov/form/005a. |
| Department of the Treasury Internal Revenue Service Part I Recipien 1 Markatplace klorither | Health Insurance Marketplace Statement VOID OMD No. 1045-22 Information about Form 1005-A and its separate instructions CORRECTED 20 15 t Information 2 Marketplace-assigned policy number 3 Policy Issuer's name |
| Department of the Treasury Internal Revenue Service Part I Recipient 1 Markatplace Idontifier 4 Recipient's name | Health Insurance Marketplace Statement VoiD OMD No. 1545-22 Information about Form 1005-A and its separate instructions CORRECTED 20 15 Is at www.irs.gov/form1005s. CORRECTED 20 15 t Information 2 Marketplace-assigned policy number 3 Policy Issuer's name 6 Recipient's case of print |
| Department of the Treasury Internal Revenue Service Part Recipient 1 Markutplace Idontifion 4 Recipient's name 7 Recipient's spouse's m | Health Insurance Marketplace Statement VoiD OMD No. 1045-22 Information about Form 1005-A and its separate instructions CORRECTED 2015 Is at www.irs.gov/form 10056a. CORRECTED 2015 t Information 2 Marketplace-assigned policy number 9 Policy Issuer's name 6 Recipient's case of print and /9 Recipient's spouse's Case 9 Recipient's apouse's Case of print |
| Department of the Treasury Internal Revenue Service Part I Recipient 1 Markatplace Idontifier 4 Recipient's name | Health Insurance Marketplace Statement VoiD OMD No. 1545-22 Information about Form 1005-A and its separate instructions CORRECTED 20 15 Is at www.irs.gov/form1005s. CORRECTED 20 15 t Information 2 Marketplace-assigned policy number 3 Policy Issuer's name 6 Recipient's case of print |
| Department of the Treasury Internal Revenue Service Part I Recipient 1 Markatplace identifier 4 Recipient's name 7 Recipient's spouse's m 10 Policy start date | Health Insurance Marketplace Statement VoiD OMD No. 1545-22 Information about Form 1005-A and its separate instructions CORRECTED 20 15 It information 2 Marketplace-assigned policy number 3 Policy Issue's name 6 Recipient's case of primate Information 2 Marketplace-assigned policy number 3 Policy Issue's name 6 Recipient's case of primate Information 1 Policy Issue's 505N It Recipient's case of primate Information 1 Policy Issue's 505N It Recipient's sepure's date of primate |



• **Part II** - The **1095-A** is prepopulated with information regarding members of the coverage household. If there are more than five family members in the coverage household, additional pages will be provided to continue this section



- **Part III** The IRS **1095-A** is prepopulated with the Monthly Premium Amount, the Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP) and the Monthly Advance Payment of the Premium Tax Credit (APTC), if any, for each month of the coverage year. If the household did not receive APTC for a month, the field will be blank
 - Consumers should be advised that Covered California has determined the Monthly Premium Amount of SLCSP which applies to the household member's coverage. The SLCSP was used to compute the amount of APTC and the premium tax credit. Keep in mind that the notice is generated regardless if premium assistance was received and that the Form 1095-A is populated with the SLCSP regardless if the household accepted APTC

