

## IRS Form 1095-A Quick Sheet Certified Enrollers

Covered California supplies an annual **Health Insurance Marketplace Statement**, also known as **IRS Form 1095-A**, to all consumers enrolled in a 2015 Covered California Plan and to the IRS for tax filing purposes. The **Form 1095-A** is generated for each enrolled plan, regardless if **Advanced Premium Tax Credit (APTC)** was applied. The amounts displayed on the **1095-A** reflect how much was paid to Covered California Health Insurance companies to help with the cost of a consumer's health coverage. A **1095-A** helps ensure the amount of APTC applied in 2015 is accurately reported and serves as proof of Minimum Essential Coverage.

General IRS Form 1095-A Information	Request Corrections
Information displayed on the 1095-A	For Households with Medi-Cal Members/Mixed Households
<ul> <li>All consumers enrolled in a Covered California health plan (except catastrophic plans)</li> <li>All months an enrolled member had coverage through Covered California</li> <li>Monthly health plan premiums before APTC was applied</li> <li>Monthly APTC paid to the health plan insurance agency on the consumers behalf</li> <li>Monthly premium for the second lowest-cost Silver plan in the consumer's rating region</li> </ul>	<ul> <li>The following information on a 1095-A for any member MUST be corrected by a County Eligibility Worker         <ul> <li>Name</li> <li>Date of birth</li> <li>Social Security Number</li> <li>Mailing Address</li> </ul> </li> <li>All other coverage information on 1095-A may be corrected by completing a required 1095-A Dispute Form</li> </ul>
1095-A not received	Updating incorrect information on 1095-A
<ul> <li>Consumers may log into their coveredca.com account to access their Secure Mailbox; A downloadable 1095-A will be available by January 31         <ul> <li>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</li> <li>A hard copy will be received in the consumer's mailbox within 14 days of January 31</li> </ul> </li> <li>Consumers may also submit a 1095-A Dispute Form to request a 1095-A         <ul> <li>Consumers should allow 60 days for the 1095-A to appear in the Secure Mailbox, and another 14 days to receive a hard copy by mail</li> </ul> </li> <li>Consumers will not receive a Form 1095-A if they were enrolled in Medi-Cal, enrolled in a Minimum Coverage (Catastrophic) plan through Covered California or have employer-sponsored health coverage</li> <li>These consumers may receive a 1095             <ul> <li>Form B or C</li> <li>These consumers may receive a 1095</li> <li>Form B or C</li> <li>These consumers may receive a 1095</li> <li>Form B or C</li> <li>These consumers may receive a 1095</li> <li>The consumers ma</li></ul></li></ul>	<ul> <li>Contact the Covered California Service Center         (1-800-300-1506) to update:</li></ul>

## HOW DO I HELP ASSIST CONSUMERS WITH THEIR 1095-A:

Explain what the form is and what it means. Explain the timing for receiving the Form, and that it is an important tax document. Show consumers how to access the 1095-A in their online account. Explain how to review Form 1095-A for accuracy. Ensure consumers are aware of the implications of not providing the information on their taxes. Help consumers understand their next steps in APTC reconciliation. Ensure consumers are aware that they may complete the 1095-A Dispute Form online <a href="here">here</a> and any older version of the 1095-A Dispute Form will not be accepted. You may also contact any <a href="Covered California service center">Covered California service center</a> for assistance.