

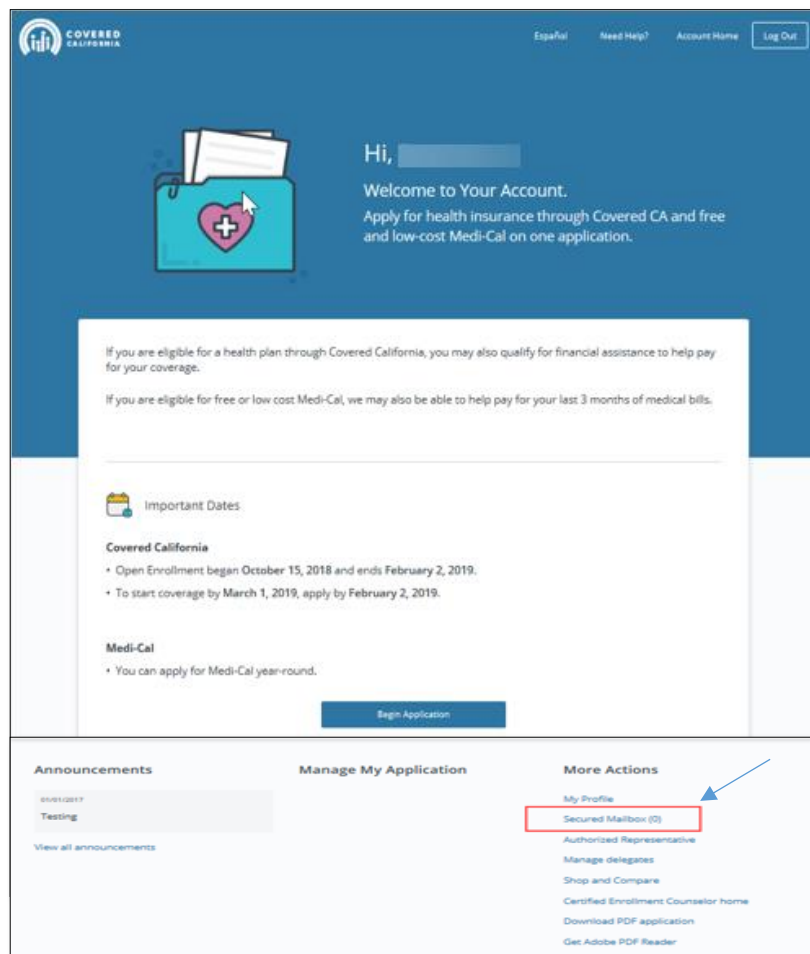
A cover letter and **IRS Form 1095-A** are generated for consumers as electronic documents that can be accessed via a consumer's **Secure Mailbox** account. These documents are displayed in the account as an official Covered California notice listed as **CalNOD62**.

- **CalNOD62A** is generated each calendar year and includes the IRS Form 1095-A and instructions
- **CalNOD62B**, is generated 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 [CalHEERS account](#) once it has been generated

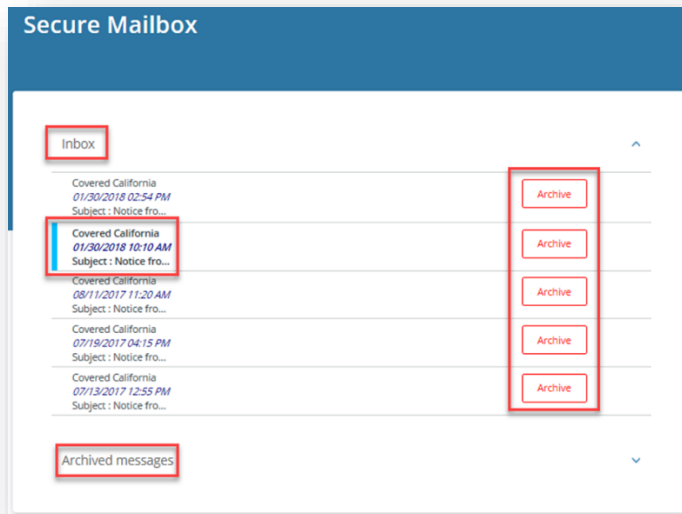
Consumers may access the documents from their Secure Mailbox

Covered California generates an 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 below in the "More Actions" column navigates the Consumer to their Inbox



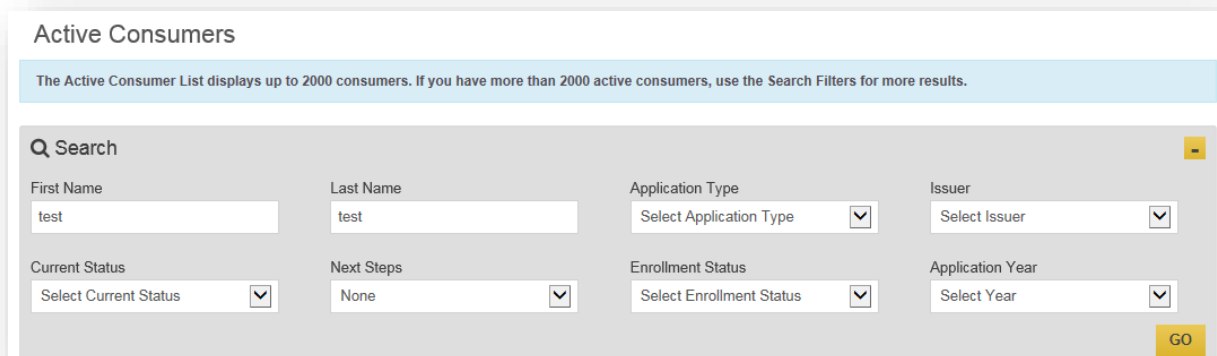
- Clicking on the Subject link allows the consumer to view, download, and print their **1095-A** and **CaINOD62** notice



- If the consumer's account is currently terminated or they did not create an online account, they should call the Covered California Service Center (800-300-1506) for assistance
- Please 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 CaINOD62 notice from the Consumer's "Documents and Correspondence" page.

- To access the documents from the Consumer's account, click on the "Delegations" tab and select "Active Consumers" in the Agency or Agent Portal
- Search for the consumer under the "Active Consumers" to navigate to the Consumer's home page



Active Consumers

The Active Consumer List displays up to 2000 consumers. If you have more than 2000 active consumers, use the Search Filters for more results.

Search

First Name: test Last Name: test Application Type: Select Application Type Issuer: Select Issuer

Current Status: Select Current Status Next Steps: None Enrollment Status: Select Enrollment Status Application Year: Select Year

GO



Accessing a Consumer's Form 1095-A Job Aid Certified Enrollers

- Select the "Account" tab under "Actions" to proceed to the "View Individual Account"

SELECT	HOUSEHOLD	CASE DETAILS	COVERAGE	AGENT	ACTIONS
☐	Patricia Training			Distro Marsha 0983165	Account Household Eligibility Mark as Inactive Change Delegation

Previous

1

Next

- Click on the "Consumer Application" tab to navigate to the Consumer Landing Page

View Individual Account

Clicking "Individual View" will take you to the Individual's portal for Test Test... You will be able to complete the application, make changes, or select a plan on behalf of the consumer.

Proceed to the consumer portal?

☐ Don't show this message again.

CANCEL

CONSUMER APPLICATION

- From the consumer home page click on the "View Past Application" located in the footer to navigate to the "Document and Correspondence" section

[Español](#) [Need Help?](#) [Account Home](#) [Log Out](#)

Hi, Benjamin

Welcome to Your Account.

Apply for health insurance through Covered CA and free and low-cost Medi-Cal on one application.

If you are eligible for a health plan through Covered California, you may also qualify for financial assistance to help pay for your coverage.

If you are eligible for free or low cost Medi-Cal, we may also be able to help pay for your last 3 months of medical bills.

Important Dates

Covered California

• Open Enrollment began October 15, 2018 and ends February 2, 2019.

Manage My Application

Apply for 2017

View eligibility results

View enrollment summary

Change plan

Choose Health and Dental Plan

Change premium assistance amount

Report a change

Review Application

More Actions

Manage delegates

Shop and Compare

Certified Enrollment Counselor home

Update Consent for Verification and Tax Filing Attestation

Update employer contact information

Cancel coverage

Download PDF application

Get Adobe PDF Reader

View Past Application



Accessing a Consumer's Form 1095-A Job Aid Certified Enrollers

- “Documents & Correspondence” is located on the left side of the page under “Summary” section. The documents are located under the “Documents Uploaded.”

Summary

Application History

Current Enrollment

Enrollment History

Program Eligibility by Person

Transaction History

Documents & Correspondence

Payment History

APPLICATION HOME

Documents and Correspondence

Upload New Document

Documents Uploaded

Document Name	Document Category	Document Type	Date/Time	Action	Deliverable Status
CalNOD01EligibilityDetermination	ELIGIBILITY		02/25/2018 13:36:32 PM	Select One	Mailed

02/01/2019 13:36:32 PM

Transactions per page 25

- For 2018, the year is appended to the Notice footer as NOD62A_2018

Covered California
PO BOX 989725
West Sacramento, CA 95798-9725

COVERED CALIFORNIA
Your destination for quality
healthcare, including Medi-Cal

{FIRST_NAME} {LAST_NAME}

{ADDRESS_LINE1}

{ADDRESS_LINE2}

{CITY}, {STATE_CD (FK)} {ZIPCODE}

Important Tax Form for {TAX YEAR}

{CURRENT_DATE} Case: {AHBX_CASE_ID}

Dear {FIRST_NAME} {LAST_NAME},

Your Internal Revenue Service (IRS) Form 1095-A is at the end of this letter. You need the form to do your federal tax return. It will allow you to claim the right premium tax credit amount. This is because you or your family members were in a Covered California health plan.

To qualify for the premium tax credit, you must:

- File a federal tax return. Do this even if you don't usually file a tax return or haven't filed in the past.
- Send Form 8962 with your federal tax return. Do this to report the premium tax credit you got each month to the IRS. You will use your Form 1095-A to fill out Form 8962.
- File taxes as Married Filing Jointly. Do this if you're married and live with your spouse. For exceptions, talk to your tax preparer.

You may get more than one Form 1095-A

This could happen if your family members were in different health plans. Or, if family members changed health plans or the benefit level during the year, such as Silver to Gold.

CalNOD62A_2018

PG_#

Covered California Outreach and Sales Division
OutreachandSales@covered.ca.gov

Page 4 of 7

January 24, 2019

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



Covered California
PO BOX 989725
West Sacramento, CA 95798-9725



**COVERED
CALIFORNIA**

*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

Use the information on the corrected Form 1095-A to figure the premium tax credit and reconcile (compare) any premium assistance on IRS Form 8962 (Premium Tax Credit form). Do not use the information on the original Form 1095-A you have received for this policy.

If you have already filed your tax return based on the original Form 1095-A you received, you may need to file an amended return. For more information on filing an amended tax return after receiving a corrected Form 1095-A, visit the IRS web site at <https://www.irs.gov/Affordable-Care-Act/Determine-if-You-Should-File-an-Amended-Tax-Return-After-Receiving-a-Corrected-Form-1095A>.

- The Form **1095-A** will display under the **CaINOD62** notice

Form **1095-A** **Health Insurance Marketplace Statement** ☐ VOID ☐ CORRECTED **2018**
2015

Department of the Treasury
Internal Revenue Service

Information about Form 1095-A and its separate instructions is at www.irs.gov/form1095a.

Part I Recipient Information

1 Marketplace identifier	2 Marketplace-assigned policy number	3 Policy issuer's name
4 Recipient's name	5 Recipient's SSN	6 Recipient's date of birth
7 Recipient's spouse's name	8 Recipient's spouse's SSN	9 Recipient's spouse's date of birth
10 Policy start date	11 Policy termination date	12 Street address (including apartment no.)
13 City or town	14 State or province	15 Country and ZIP or foreign postal code

Part II Covered Individuals

A. Covered individual's name	B. Covered individual's SSN	C. Covered individual's date of birth	D. Coverage start date	E. Coverage termination date
16				
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

Form **1095-A** **Health Insurance Marketplace Statement** ☐ VOID ☐ CORRECTED **2018**
2015

Department of the Treasury
Internal Revenue Service

Information about Form 1095-A and its separate instructions is at www.irs.gov/form1095a.

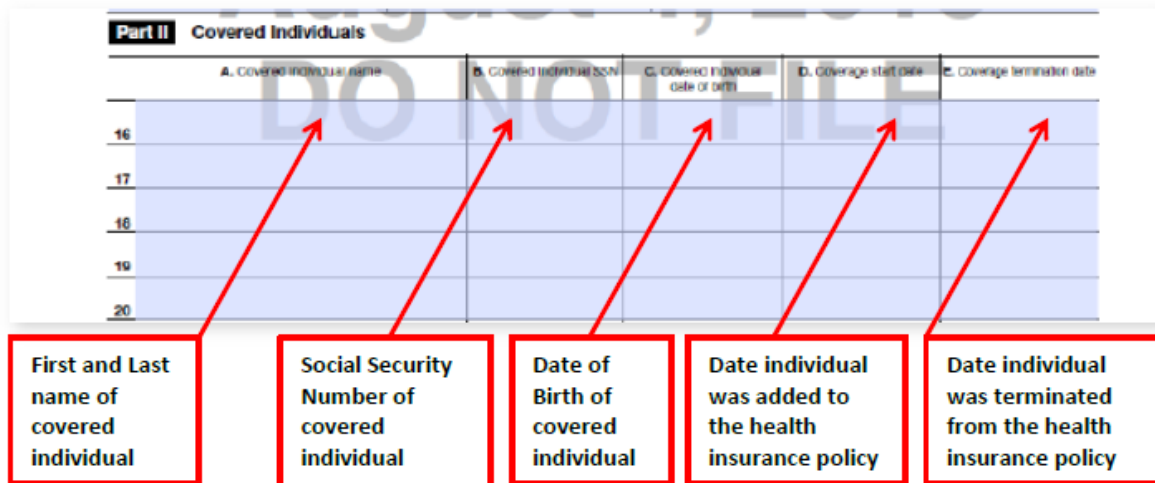
Part I Recipient Information

1 Marketplace identifier	2 Marketplace-assigned policy number	3 Policy issuer's name
4 Recipient's name	5 Recipient's SSN	6 Recipient's date of birth
7 Recipient's spouse's name	8 Recipient's spouse's SSN	9 Recipient's spouse's date of birth
10 Policy start date	11 Policy termination date	12 Street address (including apartment no.)
13 City or town	14 State or province	15 Country and ZIP or foreign postal code

The date the policy started

The date the policy ended

- **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 II Covered Individuals				
A. Covered individual name	B. Covered individual SSN	C. Covered individual date of birth	D. Coverage start date	E. Coverage termination date
16				
17				
18				
19				
20				

First and Last name of covered individual

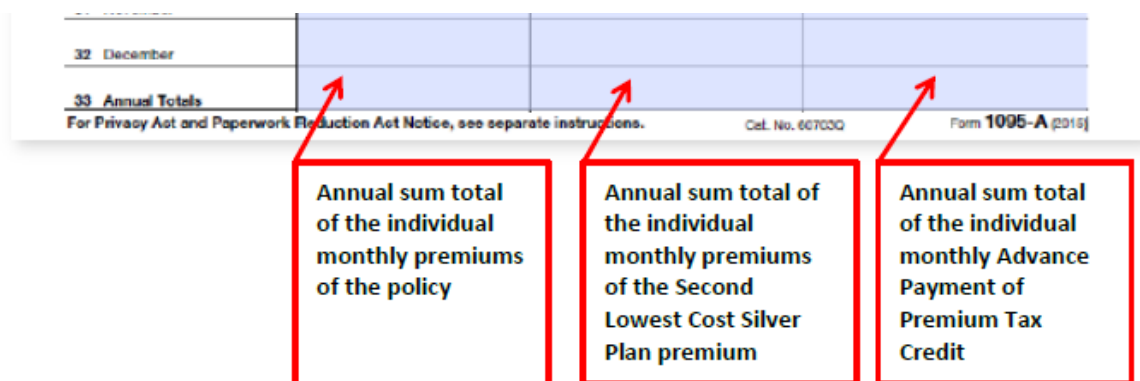
Social Security Number of covered individual

Date of Birth of covered individual

Date individual was added to the health insurance policy

Date individual was terminated from the health insurance policy

- **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



32. December			
33. Annual Totals			

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cal. No. 60703Q Form **1095-A** (2015)

Annual sum total of the individual monthly premiums of the policy

Annual sum total of the individual monthly premiums of the Second Lowest Cost Silver Plan premium

Annual sum total of the individual monthly Advance Payment of Premium Tax Credit