



# IRS Form 1095-A Quick Guide Certified Enrollers

## IRS Form 1095-A Overview

Covered California supplies an annual **Health Insurance Marketplace Statement**, also known as **IRS Form 1095-A**, to all consumers enrolled in a 2016 Covered California Plan and to the IRS for tax filing purposes. The 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 2016 is accurately reported and serves as proof of Minimum Essential Coverage.

## Information displayed on 1095-A

- All consumers enrolled in a Covered California health plan (except Minimum Coverage plans)
- All months an enrolled member had coverage through Covered California
- Monthly health plan premiums before APTC was applied
- Monthly APTC paid to the health plan insurance agency on the consumer's behalf
- Monthly premium for the second lowest-cost Silver plan in the consumer's rating region

## 1095-A Not Received

- Consumers may log into their [coveredca.com](http://coveredca.com) account to access their Secure Mailbox; A downloadable version of the notice with the 1095-A attached will be available by January 28, 2017
  - 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
  - A hard copy will be mailed by January 28, 2017
- Consumers may also submit a [1095-A Dispute Form](#) to request another copy of the IRS Form 1095-A
- Consumers will not receive a 1095-A if they were enrolled in Medi-Cal, enrolled in a Minimum Coverage plan through Covered California or have employer-sponsored health coverage
  - These consumers may receive a **1095 Form B or C**

## Updating Incorrect Information on 1095-A

- Contact the Covered California Service Center (800-300-1506) to update:
  - Name
  - Date of birth
  - Social Security Number
  - Mailing Address
- Complete a required [1095-A Dispute Form](#) or call the Covered California Service Center (800-300-1506) for assistance submitting the form to correct:
  - Coverage start or termination dates (or both) for listed members
  - Monthly health plan premiums
  - Monthly APTC
  - Missing consumers enrolled on a Covered California health plan
  - Members listed that were not in a consumer's household
- If Covered California determines the updated information provided is correct, a new, **corrected 1095-A** will be mailed to the consumer



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### Updating Incorrect Information for Households with Medi-Cal Members/Mixed Households

- The following information on a 1095-A for any Medi-Cal Members/Mixed Households MUST be corrected by a County Eligibility Worker
  - Name
  - Date of birth
  - Social Security Number
  - Mailing Address
- All other coverage information on **1095-A** may be corrected by completing a required [1095-A Dispute Form](#). The dispute form is currently only available in English. For assistance in Spanish or any other language, please contact Covered California at 800-300-1506.

### How To Assist Consumers

- 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](#) and any older version of the 1095-A Dispute Form will not be accepted
- Contact our [Covered California service center](#) for further assistance