



# Cross the Finish Line & IRS Form 1095 Overview

The Outreach and Sales Distribution Services Team

01.31.2018

[OutreachandSales@covered.ca.gov](mailto:OutreachandSales@covered.ca.gov)

# Agenda

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1. Tools & Resources
2. Cross the Finish Line
3. 1095-A Overview

# TOOLS & RESOURCES

# Tools & Resources: Service Center

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## **Agent Service Center Phone:**

(877) 453-9198, [agents@covered.ca.gov](mailto:agents@covered.ca.gov)

## **CEC/PBE Help Line Phone:**

(855) 324-3147

## **Hours of Operation:**

Monday thru Friday

8:00 a.m. to 6:00 p.m.

Saturdays and Sundays, Closed

## **CCSB Service Center Phone:**

(855) 777-6782, [shop@covered.ca.gov](mailto:shop@covered.ca.gov)

## **Hours of Operation:**

Monday thru Friday

8:00 a.m. to 5:00 p.m.

[Service Center Hours of Operation>>](#)

# Tools & Resources: Field Operations & Account Service Teams

[Click here for full map >>](#)



## Outreach & Sales Field Operations & Account Services Teams



**\*Field Representatives** – To support the Certified Insurance Agents and community partners on the ground with sales insights, tools, and resources to increase enrollments and retain consumers in Covered California. They also support other Covered California teams' request for public outreach and enrollment campaigns.

**\*\*Account Representatives** - To administer the Navigator Grant Program and the Certified Application Counselor Program (non-agents) contracts/accounts to be in compliance with federal and state regulations; and support the programs' Certified Enrollment Entities/Counselors with sales insights to increase enrollments and retain consumers in Covered California.

| Sales Area   | Field Representative*   | Account Representative**  |
|--|---|---|
| <b>1 Northern California</b><br>Rating Regions 1, 2, 3   | <b>Vacant</b> —Contact Adam Unger<br>916-584-4952<br>Adam.Unger@covered.ca.gov          | <b>John Fox</b><br>P 916-228-8772/C 916-224-0153<br>John.Fox@covered.ca.gov                 |
| <b>2 Bay Area</b><br>Rating Regions 4, 5, 6, 7, 8        | <b>Marc Ross</b><br>916-539-5524<br>Marc.Ross@covered.ca.gov                            | <b>Vacant</b> —Contact John Fox<br>P 916-228-8772/C 916-224-0153<br>John.Fox@covered.ca.gov |
| <b>3 Central Coast</b><br>Rating Regions 9, 12           | <b>Diannah Thomas</b><br>916-591-5444<br>Diannah.Thomas@covered.ca.gov                  | <b>John Fox</b><br>P 916-228-8772/C 916-224-0153<br>John.Fox@covered.ca.gov                 |
| <b>4 Central Valley</b><br>Rating Regions 10, 11, 13, 14 | <b>Aaron Johnson</b><br>916-591-3178<br>Aaron.Johnson@covered.ca.gov                    | <b>Vacant</b> —Contact John Fox<br>P 916-228-8772/C 916-224-0153<br>John.Fox@covered.ca.gov |
| <b>5-E Los Angeles - East</b><br>Rating Region 15        | <b>Claudie Kiti Bustamante</b><br>916-539-4773<br>Claudie.KitiBustamante@covered.ca.gov | <b>Jasmine Andrade</b><br>P 916-228-8494/C 916-247-2852<br>Jasmine.Andrade@covered.ca.gov   |
| <b>5-W Los Angeles - West</b><br>Rating Region 16        | <b>Tiffany Nguyen</b><br>916-823-6254<br>Tiffany.Nguyen@covered.ca.gov                  |   |
| <b>6 Inland Empire</b><br>Rating Region 17               | <b>Edith Lara-Trad</b><br>916-539-5757<br>Edith.Lara-Trad@covered.ca.gov                |   |
| <b>7 Orange County</b><br>Rating Region 18               | <b>Karol Sandoval</b><br>916-862-4073<br>Karol.Sandoval@covered.ca.gov                  | <b>Shirley Swedlow</b><br>P 916-228-8529/C 916 247-3919<br>Shirley.Swedlow@covered.ca.gov   |
| <b>8 San Diego County</b><br>Rating Region 19            | <b>Keith Glenn</b><br>916-584-3458<br>Keith.Glenn@covered.ca.gov                        |   |

### Field Operations Management Team

**Jamie Yang**, Statewide Field Manager  
[Jamie.Yang@covered.ca.gov](mailto:Jamie.Yang@covered.ca.gov)  
916-228-8377

**Adam Unger**, Northern California Regional Field Manager— Sales Areas 1-4  
[Adam.Unger@covered.ca.gov](mailto:Adam.Unger@covered.ca.gov)  
916-584-4952

**Daniel Rivas**, Southern California Regional Field Manager— Sales Areas 5-8  
[Daniel.Rivas@covered.ca.gov](mailto:Daniel.Rivas@covered.ca.gov)  
916-539-5417

### Account Services Management Team

**Ben Walker**, Account Services Section Manager  
[Benjamin.Walker@covered.ca.gov](mailto:Benjamin.Walker@covered.ca.gov)  
916.228.8256

**Robert Kingston**, Account Services Manager  
[Robert.Kingston@covered.ca.gov](mailto:Robert.Kingston@covered.ca.gov)  
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**Tonya Thomas**, Account Specialist  
[Tonya.Thomas@covered.ca.gov](mailto:Tonya.Thomas@covered.ca.gov)  
916-228-8227

**Hadeel Rashid**, Account Specialist  
[Hadeel.Rashid@covered.ca.gov](mailto:Hadeel.Rashid@covered.ca.gov)  
916-228-8353

Electronic Version: <http://hbex.coveredca.com/toolkit/webinars-briefings/downloads/Regional-Staff-FINAL.pdf>

V.01.19.18



# Tools & Resources: eNews Communication



Agents – [Agents@covered.ca.gov](mailto:Agents@covered.ca.gov)

Community Partners –  
[OutreachandSales@covered.ca.gov](mailto:OutreachandSales@covered.ca.gov)

[What is Whitelisting?](#)



January 19, 2018

## Director's Corner

Dear Partners,  
Thank you for your hard work and commitment in getting Californians



January 5, 2018

## Deadline for February 1 Coverage Extended to January 19

The plan selection deadline for a February 1, 2018 coverage start date has been extended to Friday, January 19. See below for the remaining Open Enrollment application deadlines:

| Covered California Receives Application or Application Changes | Effective Date    |
|--|-------------------|
| December 23, 2017 – January 19, 2018                           | February 1, 2018* |
| January 20, 2018 – January 31, 2018*                           | March 1, 2018     |

\*Changes made after January 19 to applications in a *Pending* enrollment status with a February 1 coverage start date will push the applicant's coverage start date forward to March 1, 2018. After the close of Open Enrollment on January 31, 2018, consumers will need to experience a [Qualifying Life Event \(QLE\)](#) in order to apply for coverage.

Review the [January 19 deadline reminder email](#) that was sent to consumers today.

The [Agent Service Center schedule](#) has been *updated* to reflect the service center availability, holiday closure, and extended hours of operation throughout the remainder of Open Enrollment.

## Social Media Tool Kit for Open Enrollment Now Available

Download our *updated Social Media Tool Kit*, which provides resources and best practices, along with pre-approved Open Enrollment content in English and Spanish and shareable images for Facebook and Twitter.

[Partner Tool kit](#) | [Agent Store](#) | [Online Store](#) | [Small Business](#) | [www.coveredca.com](#)



December 15, 2017

## Director's Corner

Dear Partners,

What a year! California can now boast that it has the lowest uninsured rate in the nation. After the uncertainty surrounding this year's Open Enrollment:

As of December 15, 2017, up for 6 percent more than the release deadline health care these in paying 1 work an

At Covered ahead. 1 on beha

Happy 1  
Bob Ma  
Deputy  
Outreach



December 22, 2017

## Covered California Health Coverage Remains

You may have questions about the federal tax law that was just passed this week. We want to assure you that the benefits related to consumer's Covered California coverage, including financial help to reduce monthly premiums, has NOT changed for 2018. The penalty also remains in effect for 2018 coverage. The only change is the tax penalty will no longer be in effect beginning in 2019.

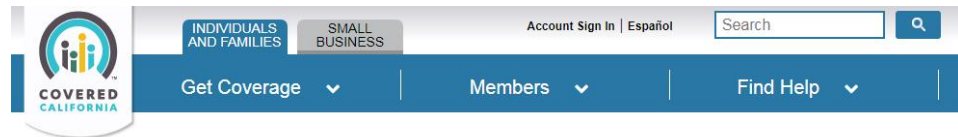
Throughout 2018 consumers will still have access to the same quality, affordable health coverage from Covered California that we have been providing since our first Open Enrollment period in 2013.

## What does this mean?

- For 2018, individuals who can afford health insurance but choose not to enroll for coverage will be [required to pay a penalty](#).
- [Financial Help](#), for those who qualify, to help lower the cost of health coverage through Covered California **REMAINS IN PLACE**.
- Quality Health Care**, [health benefits](#) and consumer protections such as Pre-Existing Conditions **REMAIN IN PLACE**.
- For individuals who do not buy insurance because it would be "unaffordable" for them, in 2018 they will not be required to pay a penalty. Please see [tax penalty and exemptions](#) for more information.

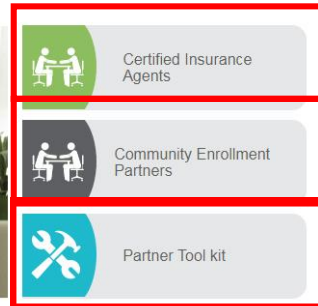


# Tools & Resources: Website Resources

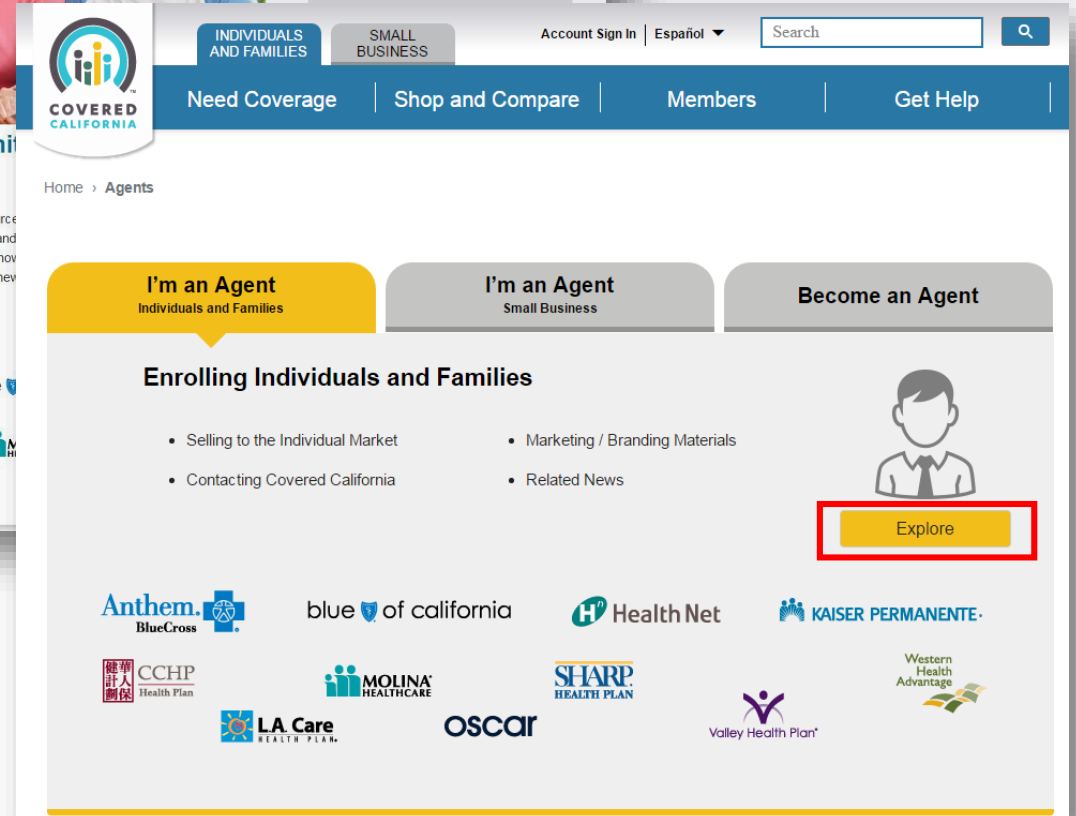
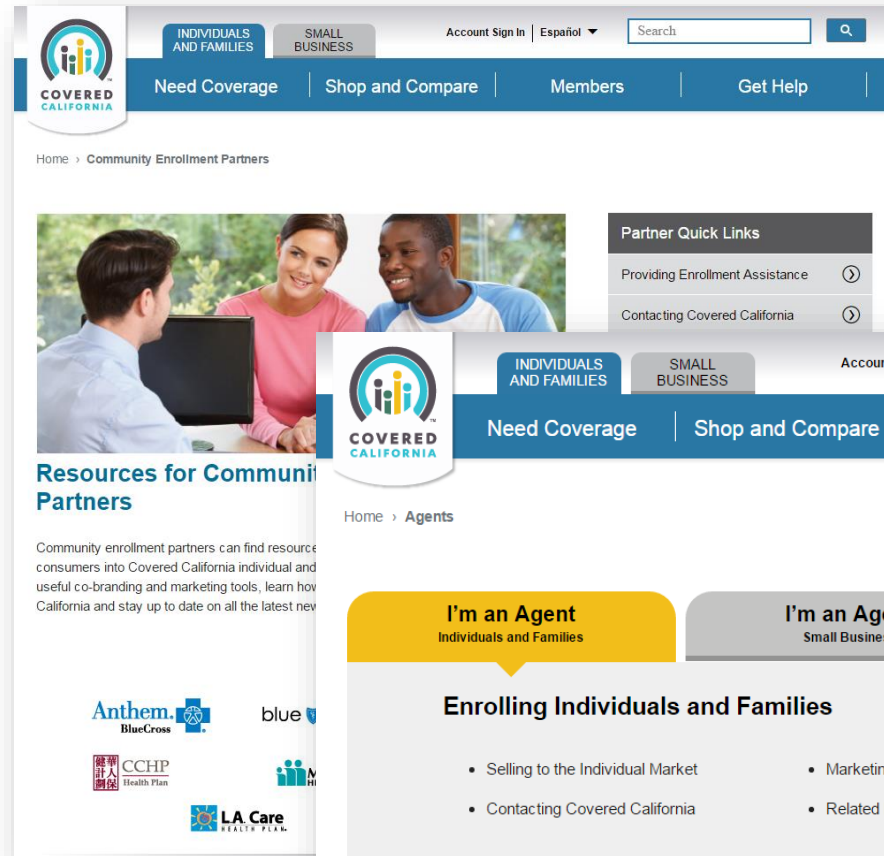


Home > Resources

## Certified Insurance Agent and Certified Enrollment Partner Resources



|   |   |  |   |
|---|---|--|---|
| <b>About</b><br>What is Covered California?<br>Real Stories<br>Coverage Basics<br>Special Circumstances<br>Eligibility and Immigration<br>Careers | <b>Quick Help</b><br>Contact Us<br>FAQs<br>Videos to Help You Enroll<br>Contact Your Health Insurance Company<br>Glossary | <b>Specialty Resources</b><br><b>Enrollment Partners and Agents</b><br>Newsroom<br>American Indians and Alaskan Natives<br>Register to Vote<br>Request a Speaker | <b>Get Notifications</b><br>Sign up for email updates to get deadline reminders and other important information.<br><input type="text" value="Enter First Name"/><br><input type="text" value="Enter Email Address (Required)"/><br><b>SUBSCRIBE</b> <a href="#">PRIVACY POLICY</a> |
|---|---|--|---|



# Tools & Resources: What You Need to Know

COVERED CALIFORNIA

INDIVIDUALS AND FAMILIES | SMALL BUSINESS

Account Sign In | Español

Get Coverage | Members | Find Help

Home > Resources

### Certified Insurance Agent and Certified Enrollment Partner Resources

Certified Insurance Agents

Community Enrollment Partners

Partner Tool kit

Quick Help

Contact Us

FAQs

Videos to Help You Enroll

Contact Your Health Insurance Company

Glossary

IRS Form 1095 Tool Kit

Open Enrollment Tool Kit

Special Enrollment Tool Kit

Webinars, Briefings, and Downloads

Agent Extranet Tool Kit

Social Media Tool Kit

Subsidy-Eligible Maps Tool Kit

Storefront Tool Kit

Small Business Tool Kit

COVERED CALIFORNIA

### Renewal Tool Kit

A "one-stop shop" for information and resources in order to support Covered California members through the renewal process. Check back frequently for updates.

| Resource  | Type        | Description  | Date Updated |
|---|-------------|--|--------------|
| <a href="#">Renewal Quick Guide</a>                   | Quick Guide | Tips and reminders for the renewal process including links and information on Renewal Notices.   | 9/9/2016     |
| <a href="#">Consent for Verification Quick Guide</a>  | Quick Guide | Information on consumer consent for verification to avoid loss of Advanced Premium Tax Credit (APTC) or Cost-Sharing Reductions in 2017. | 9/1/2016     |
| <a href="#">Non-Tax Filer Quick Guide</a>             | Quick Guide | Quick facts about renewal implications for non-tax filers and a link to the IRS page for more information on IRS Notice 5858.            | 9/9/2016     |
| <a href="#">2017 Delegation and Delegation Change</a> | Policy      | Guidance on consumer delegation for Certified Enrollers.   | 9/13/2016    |
| <a href="#">Job Aid: Create an Individual Account</a> | Job Aid     | Instructions for how to create a consumer account and link it to an existing case via an Access Code.                                    | 7/9/2014     |

COVERED CALIFORNIA

### IRS Form 1095 Tool Kit

The Affordable Care Act (ACA) requires IRS Forms 1095 – A, B, and C be provided to consumers and a copy to the IRS. Review our [IRS Form 1095 – A, B, and C Quick Guide](#) for a quick overview about each IRS Form 1095. Also, refer to the [Tax Preparation Help for Consumers Handout](#) that includes details about where consumers can find a licensed or registered tax preparer or low-cost tax preparation services.

#### IRS Form 1095-A

Consumers will receive a Covered California notice with their IRS Form 1095-A and instructions. This form will help consumers determine whether the amount of premium assistance, or Advanced Premium Tax Credits (APTC), paid to Covered California Health Insurance Companies on their behalf in the 2017 benefit year was more or less than the amount they were actually eligible to receive based on their actual income.

According to the IRS, consumers that are determined APTC eligible and then later determined Medi-Cal eligible and have overlapping coverage, do not generally have to repay the APTC received during the overlapping months. However, if a consumer is currently enrolled in both Medi-Cal and a Covered California health plan with APTC they must Contact Covered California immediately.

Click the following links to access resources with more detailed information regarding the IRS Form 1095-A:

- [CalNOD62A Notice](#)
- [Quick Guide](#)
- [1095-A](#)
- [2017 A, B, Form 1095-A section on CoveredCA.com](#)
- [Dispute Form](#)
- [Instructional video](#) for consumers "Accessing Your 1095-A Form"

If it appears that a consumer's dispute will not be resolved by the tax filing deadline and the consumer inquires about what to do regarding their taxes, advise the consumer that Covered California cannot provide tax advice, but they may visit the [IRS website](#), which offers "Help and Resources" for taxpayers who need it or view our [Tax Preparation Help for Consumers Handout](#) that includes details about where consumers can find a licensed or registered tax preparer or low-cost tax preparation services.

**Reminder:**  
DO NOT produce or give tax advice to consumers on how to file their federal income taxes. DO NOT fill out federal tax forms. Your role is to educate consumers about the purpose and importance of the IRS Form 1095-A. Note: You may assist consumers with filling out the Covered California 1095-A Dispute Form, which is not an IRS Form.

Consumers may use the following IRS forms when completing the process. They are provided for reference only – do not assist consumers with filling out these tax forms:

- [IRS Form 1095-A](#)
- [IRS Form 8864](#)
- [IRS Form 8865](#)

Exemptions: read more information on exemptions from the individual mandate [here](#).

Covered California Outreach and Sales Division  
OutreachandSales@covered.ca.gov January 24, 2018

- Visit [www.CoveredCA.com](http://www.CoveredCA.com)
- In the footer, click "Enrollment Partner & Agent Resources"
- Click "Partner Tool Kit" for all Tool Kits
- Click "1095-A Tool Kit"





# Tools & Resources: Opportunities to Engage

## Covered California Website “Find Local Help to Enroll”

The screenshot shows the Covered California website's 'Find Local Help to Enroll' section. The header includes the Covered California logo, navigation tabs for 'INDIVIDUALS AND FAMILIES' and 'SMALL BUSINESS', and links for 'Account Sign In | Español' and a search bar. The main navigation bar has 'Get Coverage', 'Members', and 'Find Help' (highlighted). The 'Find Help' dropdown menu is open, showing options: 'Where Do I Get In-Person Enrollment Help?' (with sub-links for Enrollment Centers, Certified Enrollers, Events Near You, and Enroll in Medi-Cal at a Local County Office), 'How Do I Get Help Right Now?' (with sub-links for Live Chat, Help On Demand, Call Our Service Center (800) 300-1506, and Service Center Hours), and 'How Do I Get Help Enrolling Online?' (with a link for Videos to Help You Enroll). A banner at the bottom reads 'The countdown has begun! Open enrollment starts Nov. 1 and...'.

**Where Do I Get In-Person Enrollment Help?**

- Enrollment Centers
- Certified Enrollers**
- Events Near You
- Enroll in Medi-Cal at a Local County Office

**How Do I Get Help Right Now?**

- Live Chat
- Help On Demand
- Call Our Service Center (800) 300-1506
- Service Center Hours

**How Do I Get Help Enrolling Online?**

- Videos to Help You Enroll

*Browse This Section*

**It's time to renew your health insurance for 2018**

**About**  
What is Covered California?

**Quick Help**  
Contact Us  
FAQs

**Specialty Resources**  
Enrollment Partners and Agents

**Get Notifications**  
Sign up for email updates to get deadline reminders and other important information.

## Covered California [Storefront Program](#) and [Storefront Application](#)

The screenshot shows the Covered California Storefront Finder map. The map displays various locations across the Sacramento area, marked with colored pins. A search bar at the top right allows users to search for nearby storefronts. A dropdown menu on the left lists filters: 'By Region', 'Enroller Type', 'Languages Spoken', and 'Open At'. A 'SELECT' button is visible below the filters. The map shows a dense cluster of storefronts in the Sacramento area, with pins labeled with numbers like 12, 13, 18, 21, 34, 35, 38, 39, and 40.

## Covered California [Events Web Page](#) and [Propose an Event](#)

The screenshot shows the Covered California Events Web Page. The header includes the title 'Find Events Near You' and a search bar. Below the search bar is a 'Refine Search' section with a 'Show 10 entries' dropdown and a 'Global Search' input field. The main content is a table listing events.

| Event Name                                       | Sponsor Organization | Address   | Event Time                         | Languages  | More Details     |
|--|----------------------|---|------------------------------------|--|------------------|
| Need Information for Your Small Group Employees? | SCI and Associates   | 25129 The Old Road, Ste. 105, Stevenson Ranch 91381   | 2017/10/26<br>02:00 pm to 04:00 pm | English, Spanish                                     | <br>More details |
| FREE ENROLLMENT ASSISTANCE                       | HEALTHMARKETS        | 543 WEST CAPITOL EXPRESSWAY, SAN JOSE 95136 *IN THE LUCKY SHOPPING CENTER NOT FAR FROM CAPITOL AUTO MALL, HOMEDEPOT & THE DRIVE THRU STARBUCKS* | 2017/10/26<br>07:00 am to 07:00 pm | English, Tagalog, Spanish, Farsi, Korean, Vietnamese | <br>More details |

# Tools & Resources: Open Enrollment Collateral

**See if you can get help paying for your health insurance**

Covered California is where you can get quality, affordable health coverage. You may even get help paying for it. As part of the Affordable Care Act (ACA), Covered California is a program where lawfully present Californians and their families can compare quality health plans and choose the one that works best for their health needs and budget. Covered California is the only place where you can get financial help to pay for your health insurance.

**Are you eligible? Find out here.**

| FAMILY SIZE | Maximum Annual H to Qualify for Financial Help |
|-------------|--|
| 1           | \$16,643                                       |
| 2           | \$22,412                                       |
| 3           | \$28,180                                       |
| 4           | \$33,948                                       |
| 5           | \$39,717                                       |
| 6           | \$45,485                                       |

**A step-by-step guide to enrolling in quality health coverage**

**We've got you covered.**

Covered California is where Californians can shop for and compare quality health plans among a variety of brand-name insurance companies. You may even get help paying for it.

**We're here to help.**

Covered California offers free, local, in-person enrollment help, online chat, and telephone assistance in 13 languages as well as for the hearing impaired. For help at any point during the enrollment process, call 800.300.1506 or visit CoveredCA.com.

**Step one: See if you qualify for help paying for health coverage**

Based on your annual household income, you may qualify for what's called an Advanced Premium Tax Credit (APTC) to help reduce your monthly premiums. Or you may qualify for low or no-cost coverage through Medi-Cal.

**Enrollment deadlines**

| FOR COVERAGE EFFECTIVE ON | COMPLETE ENROLLMENT BY |
|---------------------------|------------------------|
| January 1, 2018           | December 15, 2017      |
| February 1, 2018          | January 15, 2018       |
| March 1, 2018             | January 31, 2018       |

**Understanding your Advanced Premium Tax Credit**

The Advanced Premium Tax Credit (APTC) is provided to those who qualify for financial help to pay for health coverage. Your APTC is calculated based on your estimated annual household income, family size and where you live.

**Terms to Know**

**Premium**  
This is the amount you pay every month to your health plan to maintain your health insurance coverage.

**Copay**  
This is a fixed amount you pay for certain covered services, like doctor visits. You will not be charged a copay for preventive care services, like annual wellness visits.

**Deductible**  
This is the fixed amount some plans require you to pay before the plan begins to pay its share for covered services, like hospitalizations and procedures. Deductibles don't apply to preventive care services, which are free.

**Coinsurance**  
Once you have paid your full deductible, your coinsurance kicks in. This is when your health plan begins to pay its share for covered services, with your share calculated as a fixed percentage. Depending on your plan, your portion of the coinsurance cost can range from 10-40%.

**Out-of-Pocket Limit**  
This is the maximum you'll pay per year for medical services before your health plan begins to pay for 100% of services, protecting you and your family from very high medical expenses. Most of your copayments, deductibles and coinsurance payments will be counted toward this limit.

**Free Preventive Care to Keep You Healthy**

Your health plan includes free preventive services for you and your family, helping you detect and prevent small problems before they become big health risks. These free services are just a sample of the care you can receive.

**For adults:**

- Blood pressure and cholesterol screenings
- Tests for common diseases like Type 2 Diabetes

**For women:**

- Mammograms and cervical cancer screenings
- Breastfeeding support and equipment

**For children:**

- Vision and hearing screenings
- Common vaccinations
- Pediatric dental coverage

**Now that you're enrolled**

Here's how to use your plan

For questions regarding your specific health plan, please contact your health insurance company directly. For questions regarding your Covered California account, please contact us at:

- CoveredCA.com
- 800.300.1506
- CoveredCA
- @CoveredCA

## Print Material:

- Paper Calculator
- Enrollment Guide
- Now That You're Enrolled

[Live on website >>](#)

[Live on Print Store >>](#)

**CROSS THE FINISH LINE**

# CROSS THE FINISH LINE: February 1 – 2, 2018

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Open Enrollment ends: January 31, 2018

Cross the Finish Line: February 1 – 2, 2018

- Certified Enrollers may assist all consumers that seek their help to complete enrollment
- Consumers who receive assistance submitting their application and select a plan by the February 2 deadline will receive a **March 1, 2018** coverage effective date



# CROSS THE FINISH LINE: February 1 – 2, 2018

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## How can you help consumers?

**Certified Insurance Agents** have the ability to complete applications February 1 to February 2 that were started by January 31

- Agents will use the **Cross the Finish Line Job Aid** available in the Quick Guide

**Community Enrollment Partners** must contact a Covered California Service Center to help consumers across the finish line

- Covered California Service Center Representatives will **perform the final approval steps** in the application process.

[Cross the Finish Line Quick Guide>>](#)



# CROSS THE FINISH LINE: February 1 – 2, 2018

## Extended Hours of Operation

### Consumer Service Center

|                       |                       |
|-----------------------|-----------------------|
| Wednesday, January 31 | 8:00 a.m. – Midnight  |
| February 1 – 2        | 8:00 a.m. – 8:00 p.m. |

### Sales Service Center

|                       |                       |
|-----------------------|-----------------------|
| Wednesday, January 31 | 8:00 a.m. – 8:00 p.m. |
| February 1 – 2        | 8:00 a.m. – 8:00 p.m. |



# IRS FORMS 1095


# IRS FORMS 1095: Comparison

| Health Care Form  | Sent To   | Sent By  | What to Do With This Form   |
|---|---|--|---|
| <b>Form 1095-A, Health Insurance Marketplace Statement</b>                | Individuals who enrolled in health coverage for themselves or their family members through the Marketplace                    | Marketplace  | This form provides information about your Marketplace Coverage  |
|   |   |  |   |
| <b>Form 1095-B, Health Coverage</b>                                       | Individuals who had health coverage for themselves or their family members that is not reported on Form 1095-A or Form 1095-C | Health Coverage Providers  | This form provides information about your health coverage   |
|   |   |  |   |
| <b>Form 1095-C, Employer-Provided Health Insurance Offer and Coverage</b> | Certain employees of applicable large employers   | Applicable large employers – generally those with 50 or more full-time employees, including full-time equivalent employees | Form 1095-C provides information about the health coverage offered by your employer and, in some cases, about whether you enrolled in this coverage |

# IRS FORMS 1095-A: What the Form Entails

- Explain what the form is and what it means
- Explain to consumers why they are receiving the form now, and also that it is an important tax document
- [IRS Form 1095 Tool Kit>>](#)

- ✓ 2017 effectuated Covered California Health Plans
- ✓ Advanced Premium Tax Credits (APTC)
- ✓ Serves as proof of Minimum Essential Coverage
- ✓ Use the info on this form to file your taxes with IRS Form 8962 or 8965
- ✓ All 1095-A forms have been uploaded to consumer secure mailboxes
- ✓ Hard copies were mailed out by January 24
- ✓ Reconcile APTC applied and/or claim premium tax credit
- ✓ Information provided in the Form 1095-A is also sent to the IRS



Form **1095-A** Health Insurance Marketplace Statement ☐ VOID ☐ CORRECTED OMB No. 1545-2232  
Department of the Treasury Internal Revenue Service **2017**  
Do not attach to your tax return. Keep for your records.  
Go to [www.irs.gov/Form1095A](http://www.irs.gov/Form1095A) for instructions and the latest information.

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

**Part III Coverage Information**

| Month            | A. Monthly enrollment premiums | B. Monthly premium tax credit | C. Monthly net premium |
|------------------|--------------------------------|-------------------------------|------------------------|
| 21 January       |                                |                               |                        |
| 22 February      |                                |                               |                        |
| 23 March         |                                |                               |                        |
| 24 April         |                                |                               |                        |
| 25 May           |                                |                               |                        |
| 26 June          |                                |                               |                        |
| 27 July          |                                |                               |                        |
| 28 August        |                                |                               |                        |
| 29 September     |                                |                               |                        |
| 30 October       |                                |                               |                        |
| 31 November      |                                |                               |                        |
| 32 December      |                                |                               |                        |
| 33 Annual Totals |                                |                               |                        |

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 60703G Form 1095-A (2017)

# IRS FORM 1095-A: What the Form Entails

## Prepopulated with:

- Recipient and policy information
- 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.

The specific identifier for the CA Marketplace

Number assigned by the CA Marketplace used to identify the policy. It is a combination of Plan ID and Subscriber ID.

Name of the insurance company that issued policy

The date the policy started

The date the policy ended

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

**Form 1095-A Health Insurance Marketplace Statement** ☐ VOID ☐ CORRECTED **2017**  
 Department of the Treasury Internal Revenue Service  
 Do not attach to your tax return. Keep for your records.  
 Information about Form 1095-A and its separate instructions is at [www.irs.gov/form1095a](http://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 name | B. Covered individual SSN | C. Covered individual date of birth | D. Coverage start date | E. Coverage termination date |
|----------------------------|---------------------------|-------------------------------------|------------------------|------------------------------|
| 16                         |                           |                                     |                        |                              |
| 17                         |                           |                                     |                        |                              |
| 18                         |                           |                                     |                        |                              |
| 19                         |                           |                                     |                        |                              |
| 20                         |                           |                                     |                        |                              |

**Part III Coverage Information**

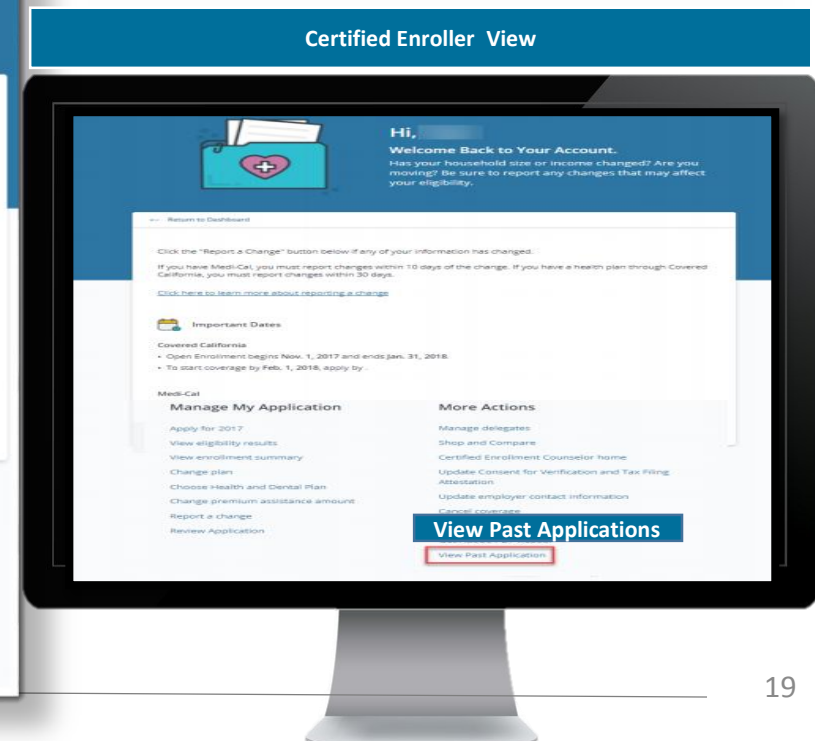
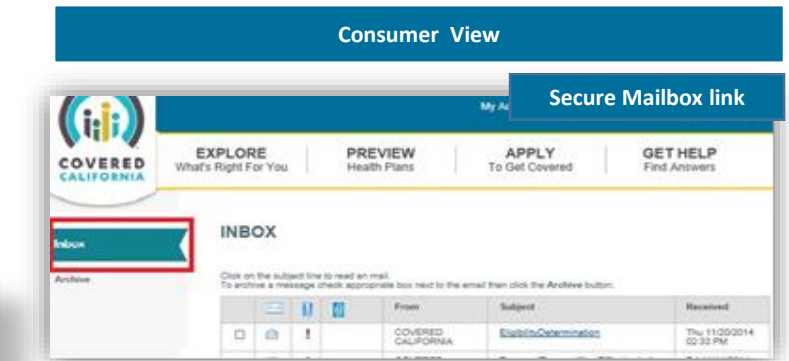
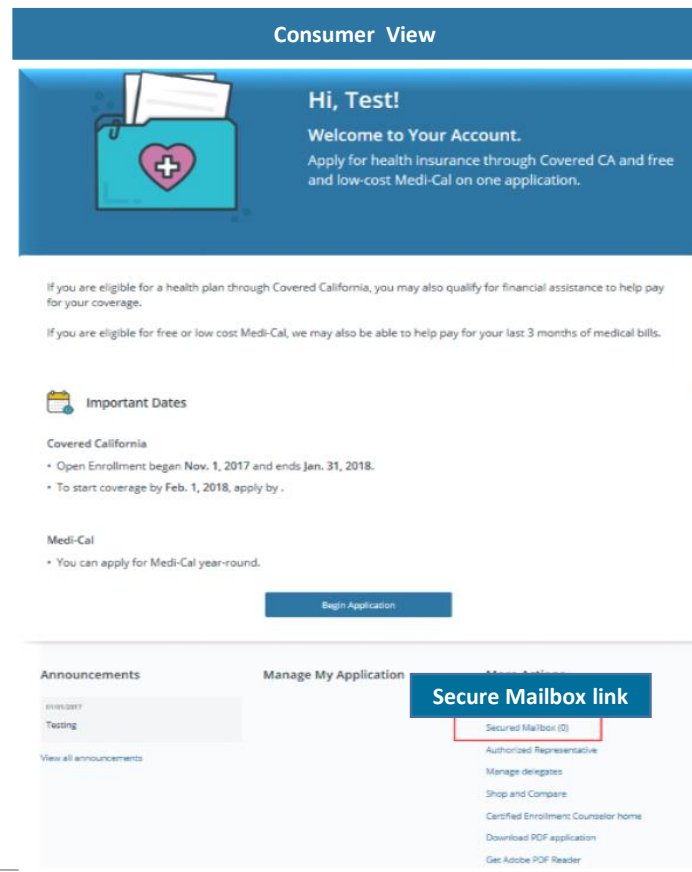
| Month            | A. Monthly enrollment premiums | B. Monthly second lowest cost silver | C. Monthly advance payment of premium tax credit |
|------------------|--------------------------------|--------------------------------------|--|
| 31 November      |                                |                                      |  |
| 32 December      |                                |                                      |  |
| 33 Annual Totals |                                |                                      |  |

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 60703Q Form 1095-A (2016)



# IRS FORM 1095-A: Where it is Located

- **Show consumers** how to access Form 1095-A from their online account
- Instructional Video for Consumers [“Accessing Your 1095-A Form”](#)
  - Once logged in, click the **Secure Mailbox** link
  - Click on the “Subject” link to view, download, and print their Form 1095-A and CalNOD62 notice
- **All Certified Enrollers** have access from the Consumer’s Documents and Correspondence with four easy steps.
  - Search “Active Consumers”
  - Click the Consumer “Account” tab
  - Click the “Consumer Application” button
  - In the footer click **“View Past Applications”**



# IRS FORM 1095-A: Penalty for Tax Year 2017

Implication of not providing the information included on Form 1095-A on consumers' taxes.

- Tax Penalty for not having Minimum Essential Coverage
- Loss of APTC for 2018
- Exemptions available on [healthcare.gov](https://www.healthcare.gov)

| Penalty for Tax Year 2017  |          |
|--|----------|
| Per Adult  | \$695    |
| Per Child<br>(under age 18)  | \$347.50 |
| Family Maximum<br>(Using the above method)                         | \$2,085  |
| Or   |          |
| a % of yearly household income<br>(above the tax filing threshold) | 2.5%     |

# IRS FORM 1095-A: APTC Reconciliation

## Help Consumers understand their next steps in APTC reconciliation

- IRS determines the actual Premium Tax Credit based off the consumer's projected household MAGI for the 2017 tax year and compares it to what was reported via the tax filing process
- Information from Form 1095-A used for IRS Form 8962
- Consumers will use IRS Form 8965 for exemptions
- Agents and Community Enrollment Partners should not assist consumers with or fill out IRS Forms 8962 and 8965



# IRS FORM 1095-A: Dispute Form Process

Encourage consumers to submit the online 1095-A Dispute Form when needed

- Visit CoveredCA.com
- Click on “Members” link
- Click on [“Form 1095-A Information”](#)
- Click “What if my Form 1095-A is incorrect?”
- Click “Dispute Form”
- [Covered California 1095 Dispute Form>>](#)

The screenshot shows the Covered California website. The top navigation bar includes links for 'Need Coverage', 'Shop and Compare', 'Members' (circled in yellow), and 'Get Help'. Below the navigation bar, there's a section titled 'What is FORM 1095-A?' with a large graphic. To the right of this section is a 'Member Services' sidebar with various links. In the main content area, there's a list of questions, with 'What if my Form 1095-A is incorrect?' circled in yellow. Below this link, there's text explaining that if the information on the form is incorrect, users should contact the Covered California Service Center. A list of items to check is provided, including the amount listed in Part III, Column B, the user's name, date of birth, Social Security number, and address. At the bottom, there's a link to the 'dispute form' circled in yellow.

The screenshot shows the Covered California 1095-A Dispute Form. The form includes fields for selecting the year of dispute (2017), primary member's contact information (Case ID, First Name, Middle Initial, Last Name, Suffix, Date of Birth, Phone Number, Email Address, Street Address, Apt./Ste.#, City, State, Zip Code), and a section for the primary member's information. The form is titled 'What is FORM 1095-A?' and includes a 'Dispute Form' link at the bottom.

# THANK YOU!



[OutreachandSales@covered.ca.gov](mailto:OutreachandSales@covered.ca.gov)