



Lucy Richards  
1429 7th Avenue  
Oakland, CA 94606

**Important information you may need  
before you file 2014 taxes**

January 24, 2015

Case Number: 5002931947

Dear Lucy Richards,

You are getting this letter because you, or someone in your household, enrolled in a Covered California health plan. Attached to this letter is the Internal Revenue Service (IRS) Form 1095-A that you will need when you file your federal taxes.

**Important**

You may receive multiple Form 1095-A forms for any of the three reasons below:

1. You or members in your tax household were enrolled in one health plan and then enrolled in a different health plan.
2. You changed your plan level of benefit. For example, you kept the same health plan, but you changed your plan level from Silver to Gold.
3. Members of your household were not all enrolled in the same plan.

Use the information on Form 1095-A to file your taxes. It will help you complete your federal income tax return and claim the proper amount of premium tax credit.

Here are some questions you may have with answers to help you with IRS Form 1095-A:

**Q: Why am I getting Form 1095-A?**

**A:** Covered California sends this form to the IRS and all consumers who get insurance through Covered California in 2014. The Form 1095-A has information that you or your tax preparer will need to file your tax returns. This form has information you gave us about your

family. The form also tells you:

- How many months you had health insurance
- How much you paid in monthly premiums
- How much premium assistance was paid to your health plan on your behalf (if any)
- Who was enrolled in your health plan

**Q: What is premium assistance?**

**A:** Premium assistance is also called “Advanced Premium Tax Credits (APTC)” or “financial assistance.”

Premium assistance describes government payments made to your health insurance plan to lower the cost of your monthly premiums. The amount of your premium assistance is based on an estimate of the premium tax credit that you may be allowed for the year. This estimate was made when you enrolled. The premium tax credit is a federal tax credit that helps make health insurance more affordable.

There are three ways you can use your premium assistance:

1. Apply **all** of your premium assistance in advance to lower the amount you pay each month;
2. Take **some** of the premium assistance each month and get the rest at the end of the year; **or**
3. **Wait** until the end of the year to claim the premium tax credit when you file taxes.

Payments were paid directly to your health plan if you took **all** or **some** of your premium assistance in advance (before you file taxes).

**Remember:** Premium assistance affects the amount of tax credit that you will claim when you file your federal income tax return. If you received more premium assistance in advance than the total credit you qualify for, you may have to pay some of it back at tax time. On the other hand, you may qualify for more premium assistance at tax time if you did not get the full amount in advance. The process of comparing advance payments to the actual credit is called “reconciliation.” To avoid problems with reconciliation, it’s important to report changes in your income, address, and/or household size to Covered California as soon as they happen.

**Q: What do you need to do when you file your federal taxes?**

**A:** When you file your federal taxes, you or your tax preparer will use the information on Form 1095-A to complete IRS Form 8962. You will use Form 8962 to tell the IRS how much premium assistance was paid to your health plan on your behalf in 2014. Using the form you will:

1. Calculate the total amount of premium tax credit that you are allowed to claim based on your coverage, income and family size.
2. Compare the amount of premium assistance that was paid in advance on your behalf to the premium tax credit.

3. Determine the amount by which the premium tax credit exceeds the amount of premium assistance received, if any. And, claim it as the net premium tax credit on your federal income tax return.
4. Determine the amount by which your premium assistance received exceeds your premium tax credit, if any, and report it on your federal income tax return. You will have to repay some or all of this excess amount.

**Q: How does premium assistance affect my tax filing?**

**A:** If you received premium assistance in advance or you qualify for premium assistance, you must file an income tax return. You can no longer file the short form, Form 1040EZ. You have to file either the Form 1040 or Form 1040A. You also must file IRS Form 8962 with your income tax return. The Form 1095-A, will help you complete Form 8962 but is not required to be sent with your tax return.

**Q: What happens if my income is *lower* than I put on my application?**

**A:** If the household income on your tax return is *lower* than the income you put on your Covered California application, you may not have received enough premium assistance. At tax time, you may get the extra premium assistance in the form of a tax credit to lower the taxes you owe. You may even get it back as a tax refund.

**Q: What happens if my income is *higher* than I put on my application?**

**A:** If the household income on your tax return is *higher* than the household income you put on your Covered California application, then you may have had too much premium assistance paid in advance on your behalf. In this case, you *may* have to pay some or all of the premium assistance when you file your taxes.

**Q: I'm concerned I might have to pay back some of my premium assistance. How can I lower the amount of premium assistance that I take in advance?**

**A:** While you can no longer change the premium assistance amount you received for 2014, you can change the amount of premium assistance that you are currently receiving at any time.

**Q: My Form 1095-A says I did not get any premium assistance. Why not?**

**A:** There are four reasons why you may not have received premium assistance:

1. You did not qualify because your annual household income was too high. Your annual household income was above 400% of the federal poverty level. To qualify for premium assistance, your household income must be above 138% but not more than 400% of the federal poverty level. In some cases, household incomes below 100% of the federal poverty level may also qualify for premium assistance. Individuals earning between \$16,000 and \$45,000 and families of 4 earning between \$32,000 and \$94,200 may qualify for premium assistance.
2. You decided to **wait** until the end of the year to claim the premium tax credit when you file your federal income tax return rather than receiving advance premium assistance.

3. Your form says you did not get any advance payments of the premium assistance because when you applied for health insurance, you did not request premium assistance. Premium assistance helps to lower the monthly cost of health insurance premiums. If you want to begin receiving premium assistance now, you can update your application to apply for help paying for health insurance.
4. You did not qualify because, when you applied for coverage, the premiums in your area were considered affordable for you. Health insurance premiums are based on your age and where you live. Premium assistance is based on the cost of the “benchmark” or “base” plan in your area and the amount that is considered affordable for your taxable household income. If the premium for the base plan in your area is less than the amount that is considered affordable for persons with your taxable household income, your premium assistance amount will be \$0. So if you are in your 20s and early 30s and live in an area where insurance premiums are low, even though your income is below 400% of the federal poverty level, you may not get premium assistance.

For example, a 26 year old living in Sacramento who earns \$36,500 is expected to pay 9.5% of their monthly household income or \$289 per month towards her health care premiums. However, the base health care premium in this area is only \$285 per month. This is \$4 less than she is expected to pay towards her health care premiums. So the amount of premium assistance available to this person is \$0.

**Q: I received another form that looks like the Form 1095-A. Why?**

**A:** You may have also received Form 1095-B or Form 1095-C. Here’s why:

You received <b>Form 1095-B</b> if someone in your household gets insurance through:	You received <b>Form 1095-C</b> if someone in your household gets insurance through:
Medicare	An employer
The Veterans Administration	
Other health insurance company outside of Covered California	

**Note:** Only the Form 1095-A will come from Covered California. Only Form 1095-A is required when you file your taxes in 2015. Form 1095-B and Form 1095-C are not required until next year. If you receive Form 1095-B or Form 1095-C, you may just keep them in your files.

**Q: Where can I get help filing taxes?**

**A:** You can consult your own tax adviser. Or, you can get help directly from the IRS website. The website offers “Help and Resources” for taxpayers who need it. The IRS also has a section with information about the Affordable Care Act at [www.irs.gov/aca](http://www.irs.gov/aca). Help includes “Local Taxpayer Advocates” and “Low Income Taxpayer Clinics.”

You or your tax professional should consider preparing and filing your tax return electronically. Using tax preparation software is the easiest way to file a complete and accurate tax return. The IRS has a variety of electronic filing options including free volunteer assistance, IRS Free File, commercial software and professional assistance. More information about filing options is available at [www.irs.gov/Filing](http://www.irs.gov/Filing).

If you need additional help, you can visit the IRS's website at:  
[www.irs.gov/uac/Affordable-Care-Act-Tax-Provisions-Home](http://www.irs.gov/uac/Affordable-Care-Act-Tax-Provisions-Home)

You can get free tax assistance at a local Volunteer Income Tax Assistance Site (VITA) for people who generally make \$53,000 or less, persons with disabilities, the elderly and limited English speaking taxpayers. To find help near you, you can call 1-800-906-9887 or check online at [www.irs.treasury.gov/freetaxprep/](http://www.irs.treasury.gov/freetaxprep/).

**Q: What should I do if I do not agree with the information on my Form 1095-A?**

**A:** If you think there is a mistake on your Form 1095-A, call Covered California right away. Covered California may be able to send a corrected Form 1095-A.

**Questions?**

**For help with your Forms 1095-A or 8962:**

Covered California may be able to answer questions about this letter and the information on the Form 1095-A. **Covered California cannot provide tax advice.** For information regarding filing your federal tax return visit the IRS web site at [www.irs.gov/Filing](http://www.irs.gov/Filing). For information from the IRS regarding the tax provisions of the Affordable Care Act visit [www.irs.gov/aca](http://www.irs.gov/aca).

**For questions regarding this notice:**

- Visit the CoveredCA.com website for more details.
- Call the Covered California Service Center at 1-800-300-1506. Or, for TTY, call 1-888-889-4500 (1-888-TTY-4500).
- The Service Center hours are extended during Open Enrollment, from November 15, 2014 through February 15, 2015. Monday through Friday 8 a.m. to 8 p.m. and Saturdays 8 a.m. to 6 p.m.
- After Open Enrollment ends, the Service Center hours will return to Monday through Friday 8 a.m. to 6 p.m. and Saturdays 8 a.m. to 5 p.m.

## Getting help in languages other than English

**Important:** Can you read the attached form? Internal Revenue Service Form 1095-A is an important form. You will need this form when you file federal taxes. You can call **1-800-300-1506** and ask to have this form read to you in your language. For TTY call **1-888-889-4500**.

### Español (Spanish)

**Importante:** ¿Puede leer el formulario incluido? El formulario Servicio de Impuestos Internos (IRS) 1095-A es un formulario importante. Usted necesitará este formulario cuando declare sus impuestos federales. Usted puede llamar a Covered California al: **1-800-300-0213** y pedir que le lean este formulario en su idioma. Si usa TTY, llame al **1-888-889-4500**.

### 中文/繁體字 (Chinese)

重要：您可以閱讀所附表格嗎？國稅局(IRS) 表格1095-A 是一份重要表格。您申報聯邦稅時需要這份表格。您可以致電：**1-800-300-1533**，並且可以要求用您的語言為您讀此表格。TTY用戶請致電：**1-888-889-4500**。

### Tiếng Việt (Vietnamese)

**Quan trọng:** Quý vị có thể đọc mẫu đơn đính kèm không? Mẫu đơn IRS 1095-A là một mẫu đơn quan trọng. Quý vị sẽ cần mẫu đơn này khi lập hồ sơ kê khai thuế liên bang. Quý vị có thể gọi **1-(800)-652-9528** và đề nghị đọc mẫu đơn này bằng ngôn ngữ của mình. Đối với người khiếm thính, vui lòng gọi **1-(888)-889-4500**.

### 한국어 (Korean)

중요 사항: 첨부된 서식을 읽을 수 있습니까? 국세청에서 (IRS) 1095-A는 중요한 서식입니다. 연방세를 신고하실 때 이 서식이 필요합니다. **1-(800)-738-9116**으로 전화해서 이 서식을 한국어로 읽어달라고 요청하십시오. TTY의 경우에는 **1-(888)-889-4500**으로 전화하실 수 있습니다.

### Tagalog

**Importante:** Nababasa mo ba ang kalakip na form? Importanteng form ang Internal Revenue Service (IRS) Form 1095-A. Kakailanganin mo ang form na ito kapag nag-file ka ng buwis pederal. Maaari kang tumawag sa numerong **1-(800)-983-8816** at hingiin na ipabasa ang form na ito sa wika mo. Para sa TTY, tumawag sa numerong **1-(888)-889-4500**.

### عربية (Arabic)

هام للغاية: هل بإمكانك قراءة الاستمارة المرفقة؟ تُعتبر استمارة خدمة الإيرادات الداخلية (IRS) نموذج رقم A-1095 وهي استمارة مهمة. سوف تحتاج هذه الاستمارة عند دفعك لمستحقات ضريبة الدخل الفيدرالية الخاصة بك. إذا أردت أن تُقرأ لك هذه الاستمارة بلغتك الأم ما عليك إلا الاتصال على الرقم **1-(800)-826-6317** والاستماع لبثودها. وإن كنت ممن يعانون من صعوبة في السمع بإمكانك الاستعانة بالطابعة عن بُعد (TTY) عن طريق الاتصال بالرقم التالي: **1-(888)-889-4500**.

### հայերեն (Armenian)

**Կարևոր է:** Դուք կարո՞ղ եք կարդալ կից ձևաթուղթը: Ներքին եկամուտների (IRS) 1095-A ձևը կարևոր ձևաթուղթ է: Այդ ձևաթուղթը Ձեզ պետք կգա դաշնային հարկագիրը լրացնելիս: Կարող եք զանգահարել **1-(800)-996-1009** և խնդրել, որ այդ ձևաթուղթը Ձեզ համար կարդան Ձեր լեզվով: Եթե դուք ունեք խնդիրներ լսողության կամ խոսելու, զանգահարեք **TTY-1(888)-889-4500**:

### ភាសាខ្មែរ (Khmer)

**កំណត់សម្គាល់សំខាន់ៗ៖** តើអ្នកអាចអានសំណុំបែបបទដែលបានភ្ជាប់ជូននេះឬទេ? សំណុំបែបបទសេវាប្រាក់ចំណូលផ្ទៃក្នុង (IRS) 1095-A គឺជាសំណុំបែបបទសំខាន់ៗ អ្នកនឹងត្រូវការសំណុំបែបបទនេះនៅពេលអ្នកដាក់បណ្តឹងពន្ធសហព័ន្ធ។ អ្នកអាចហៅទូរស័ព្ទលេខ៖ **1-(800)-906-8528** និងស្នើឲ្យគេអានសំណុំបែបបទនេះ ជូនអ្នកស្តាប់ជាភាសាបេសអ្នក។ សម្រាប់អ្នកមានបញ្ហាស្តាប់ TTY សូមហៅទូរស័ព្ទលេខ៖ **1-(888)-889-4500** ។

### Русский (Russian)

**Важная информация:** Можете ли вы прочитать прилагаемую форму? Форма 1095-A Федеральной налоговой службы (IRS) - это очень важная форма. Вам нужна эта форма на заполнения федеральных налогов. Вы можете позвонить по номеру **1-(800)-778-7695** и попросить чтобы вам прочитали эту форму на вашем родном языке. Если у вас трудности со слухом или речью, позвоните по номеру **1-(888)-889-4500**.

### فارسی (Farsi)

**مهم:** آیا می توانید فرم ضمیمه شده را بخوانید؟ فرم 1095-A (IRS) اداره مالیات بر درآمد فرم مهمی است. هنگام ارسال اوراق مالیاتی فدرال تان به این فرم نیاز خواهید داشت. می توانید با شماره **1-(800)-921-8879** تماس بگیرید و از آنها درخواست کنید تا این فرم را به زبان شما بخوانند. برای TTY با شماره **1-(888)-889-4500** تماس بگیرید.

### Hmoob (Hmong)

**Tseem Ceeb:** Koj nyeem puas tau daim ntawv no? Daim ntawv Qhia (IRS) 1095-A yog ib daim ntawv tseem ceeb. Koj yuav tau siv tsab ntawv no lub sij hawm koj them se. Koj hu tau rau **1-(800)-771-2156** thov daim ntawv no ua koj hom lus. Siv rau cov neeg TTY hu rau **1-(800)-889-4500**.

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Department of the Treasury  
Internal Revenue Service► Information about Form 1095-A and its separate instructions  
is at [www.irs.gov/form1095a](http://www.irs.gov/form1095a).☐ CORRECTED**2014****Part I Recipient Information**

<b>1</b> Marketplace identifier California	<b>2</b> Marketplace-assigned policy number 99110CA029000305:6808292	<b>3</b> Policy issuer's name Health Net-PPO		
<b>4</b> Recipient's name Lucy Richards		<b>5</b> Recipient's SSN 521710733	<b>6</b> Recipient's date of birth 03/14/1989	
<b>7</b> Recipient's spouse's name		<b>8</b> Recipient's spouse's SSN	<b>9</b> Recipient's spouse's date of birth	
<b>10</b> Policy start date 07/01/2014	<b>11</b> Policy termination date 12/31/2014	<b>12</b> Street address (including apartment no.) 1429 7th Avenue		
<b>13</b> City or town Oakland	<b>14</b> State or province CA	<b>15</b> Country and ZIP or foreign postal code 94606		

**Part II Coverage Household**

	A. Covered Individual Name	B. Covered Individual SSN	C. Covered Individual Date of Birth	D. Covered Individual Start Date	E. Covered Individual Termination Date
<b>16</b>	Lucy Richards	521710733	03/14/1989	07/01/2014	12/31/2014
<b>17</b>					
<b>18</b>					
<b>19</b>					
<b>20</b>					

**Part III Household Information**

Month	A. Monthly Premium Amount	B. Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP)	C. Monthly Advance Payment of Premium Tax Credit
<b>21</b> January	0	0	0
<b>22</b> February	0	0	0
<b>23</b> March	0	0	0
<b>24</b> April	0	0	0
<b>25</b> May	0	0	0
<b>26</b> June	0	0	0
<b>27</b> July	\$301.46	\$269.81	\$156.00
<b>28</b> August	\$301.46	\$269.81	\$156.00
<b>29</b> September	\$301.46	\$283.28	\$156.00
<b>30</b> October	\$301.46	\$283.28	\$156.00
<b>31</b> November	\$301.46	\$283.28	\$156.00
<b>32</b> December	\$301.46	\$283.28	\$156.00
<b>33 Annual Totals</b>	\$1,808.76	\$1,672.74	\$936.00

## Instructions for Recipient

You received this Form 1095-A because you or a family member enrolled in health insurance coverage through the Health Insurance Marketplace. This Form 1095-A provides information you need to complete Form 8962, Premium Tax Credit (PTC). You must complete Form 8962 and file it with your tax return if you received premium assistance through advance credit payments (whether or not you otherwise are required to file a tax return) or if you want to claim the premium tax credit when you file your return. The Marketplace has also reported the information on this form to the IRS. If you or your family members enrolled at the Marketplace in more than one qualified health plan policy, you will receive a Form 1095-A for each policy. Check the information on this form carefully. Please contact your Marketplace if you have questions concerning its accuracy.

**Part I. Recipient Information, lines 1–15.** Part I reports information about you, the insurance company that issued your policy, and the Marketplace where you enrolled in the coverage.

**Line 1.** This line identifies the state where you enrolled in coverage through the Marketplace.

**Line 2.** This line is the policy number assigned by the Marketplace to identify the policy in which you enrolled. If you are completing Part 4 of Form 8962, enter this number on line 30, 31, 32, or 33, box a.

**Line 3.** This is the name of the insurance company that issued your policy.

**Line 4.** You are the recipient because you are the person the Marketplace identified at enrollment who is expected to file a tax return and who, if qualified, would claim the premium tax credit for the year of coverage.

**Line 5.** This is your social security number. For your protection, this form may show only the last four digits. However, the Marketplace has reported your complete social security number to the IRS.

**Line 6.** A date of birth will be entered if there is no social security number on line 5.

**Lines 7, 8, and 9.** Information about your spouse will be entered only if advance credit payments were made for your coverage. The date of birth will be entered on line 9 only if line 8 is blank.

**Lines 10 and 11.** These are the starting and ending dates of the policy.

**Lines 12 through 15.** Your address is entered on these lines.

**Part II. Coverage Household, lines 16–20.** Part II reports information about each individual who is covered under your

policy. This information includes the name, social security number, date of birth (only if no social security number is entered in column B), and the starting and ending dates of coverage for each covered individual.

If you attested to the Marketplace at enrollment that one or more of the individuals who enrolled in the plan are not individuals for whom you intend to claim a personal exemption deduction on your tax return, and advance credit payments were made, then the information reported on Form 1095-A applies only to the individuals for whom you attested the intention to claim a personal exemption deduction (yourself, spouse, and dependents). For example, if you indicated to the Marketplace at enrollment that an individual enrolling in the policy is your adult child for whom you will not claim a personal exemption deduction, that child will receive a separate Form 1095-A and will not be listed in Part II on your Form 1095-A.

Part II also tells the IRS the months that the individuals identified are covered by health insurance and therefore have satisfied the individual shared responsibility provision.

If there are more than 5 individuals covered by a policy you will receive one or more additional Forms 1095-A that continue Part II.

**Part III. Household Information, lines 21–33.** Part III reports information about your insurance coverage that you will need to complete Form 8962 to reconcile advance credit payments or to claim the premium tax credit when you file your return.

**Column A.** This column is the monthly premium amount for the policy in which you enrolled.

**Column B.** This column is the monthly premium amount for the second lowest cost silver plan (SLCSP) that the Marketplace has determined applies to members of your family enrolled in the coverage. The premium for the applicable SLCSP is used to compute your monthly advance credit payments and the premium tax credit you claim on your return. See the Instructions for Form 8962, Part 2, Premium Tax Credit Claim and Reconciliation of Advance Payment of Premium Tax Credit for instructions on how to use the information in this column or, if there is no information entered.

**Column C.** This column is the monthly amount of advance credit payments that were made to your insurance company on your behalf to pay for all or part of the premiums for your coverage. No information will be entered in this column if no advance credit payments were made.

**Lines 21–33.** The Marketplace will report the amounts in columns A, B, and C on lines 21–32 for each month and enter the totals on line 33. Use this information to complete Form 8962, line 11 or lines 12–23.