

Introduction to the Qualifying Health Coverage Notice

What's the purpose of this notice?

This notice accompanies IRS Form 1095-B (Health Coverage). It informs people with Medicare Part A (Hospital Coverage) that their coverage is considered qualifying health coverage, also known as minimum essential coverage (MEC).

Who will get this notice?

Medicare mails this notice to people under the age of 65 with Medicare Part A, those who enrolled in Medicare Part A for the first time in [year], and those who had Medicare Part A coverage for part of the year.

How often does Medicare mail these notices?

This notice is mailed annually between December and January.

What should people do next?

People who get IRS Form 1095-B should keep it with their other important tax information, like any IRS Form 1099 or W-2 they may receive (if applicable). The form should not be sent back to Medicare or filed with their tax return.

People who want more information about Medicare coverage should:

- Visit [Medicare.gov](https://www.medicare.gov).
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

People can reference CMS Product No. 11865 when calling Medicare with questions about this notice.



<BENEFICIARY FULL NAME>
<ADDRESS>
<CITY STATE ZIP>

<file creation date>

Important [year] Tax Information: Keep this for your records Form 1095-B (Health Coverage)

Why am I getting a Form 1095-B (Health Coverage)?

Medicare is sending a Form 1095-B to people who:

- Are under the age of 65 and have Medicare Part A (Hospital Insurance);
- Enrolled in Medicare Part A for the first time in [year]; or
- Had Medicare Part A for part of [year].

The Affordable Care Act requires people to have health coverage that meets certain standards, also called qualifying health coverage or minimum essential coverage. **Medicare Part A coverage (including coverage through a Medicare Advantage Plan) is qualifying health coverage.**

Your Form 1095-B shows your Medicare Part A information, and can be used to verify that you had qualifying health coverage for all or part of [year]. You can use this information to complete your federal income tax return. We've also sent this information to the IRS.

What do I need to do now?

Keep this Form 1095-B, and any other 1095 forms you may receive, with your other tax information. You **don't** need to:

- Take any immediate action.
- Send this form to the IRS when you file your taxes.
- Send this form back to Medicare.



Does this affect my taxes?

- If you had Medicare Part A for all 12 months of [year], you'll just need to check a box on your Federal income tax return indicating you had qualifying health coverage.
- If you had health coverage other than Medicare Part A during [year], you should receive a separate Form 1095-B from that health coverage provider. If you have questions about that Form 1095-B, you should contact that health coverage provider, identified in Part III of the form, directly.
- If you didn't have Medicare Part A or other qualifying health coverage for all 12 months of [year], and you don't qualify for an exemption from the requirement to have coverage, you may have to pay a fee when you file your taxes.

Get help & more information.

For more information on your Form 1095-B, visit Medicare.gov or call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

The Centers for Medicare & Medicaid Services doesn't discriminate in its programs and activities. To request this notice in an alternative format, call 1-800-MEDICARE or email AltFormatRequest@cms.hhs.gov.

Para obtener información en español, llame GRATIS al 1-800-MEDICARE (1-800-633-4227). Los usuarios de TTY deben llamar al 1-877-486-2048.



Introducción al Aviso de Cobertura Médica Calificada

¿Cuál es el propósito de este aviso?

Este aviso acompaña el Formulario 1095-B del IRS (Cobertura Médica). Le informa a las personas con la Parte A de Medicare (Seguro de Hospital) que su cobertura califica como cobertura calificada (cobertura válida), también conocida como cobertura mínima esencial (MEC en inglés).

¿Quién recibirá este aviso?

Medicare envía este aviso a las personas menores de 65 años con Medicare Parte A, aquellos inscritos en la Parte A de Medicare por primera vez en [year] y los que tenían cobertura de la Parte A durante una parte del año.

¿Qué tan a menudo enviará Medicare estos avisos?

Este aviso se enviará anualmente entre diciembre y enero.

¿Qué se debe hacer después?

Las personas que reciben el Formulario 1095-B del IRS deben mantenerlo con su otra información fiscal importante, como cualquier Formulario 1099 o W-2 del IRS que puedan recibir (si aplica). El formulario no debe ser regresado a Medicare o presentado con su declaración de impuestos.

Las personas que deseen más información sobre la cobertura de Medicare deben:

- [Visitar Medicare.gov](http://www.Medicare.gov).
- Llamar al 1-800-MEDICARE (1-800-633-4227). Los usuarios de TTY deben llamar al 1-877-486-2048.

Las personas pueden mencionar CMS Producto No. 11865-S, si llaman a Medicare con preguntas sobre este aviso.



<BENEFICIARY FULL NAME>
<ADDRESS>
<CITY STATE ZIP>

<file creation date>

**Información importante de impuestos [year]: Mantenga este documento
para sus archivos
Formulario 1095-B (Cobertura Médica)**

¿Por qué estoy recibiendo el Formulario 1095-B (Cobertura Médica)?

Medicare le está enviando el Formulario 1095-B a todas las personas que:

- Son menores de 65 años con la Parte A de Medicare (Seguro de Hospital);
- Aquellos que se inscribieron en la Parte A de Medicare por primera vez en [year]; o
- Tuvieron la cobertura de la Parte A de Medicare por parte del [year].

La Ley de Cuidado de Salud a Bajo Precio requiere que las personas tengan cobertura que cumple con ciertos estándares, también llamada cobertura mínima esencial, cobertura médica calificada o cobertura válida. **Cobertura de la Parte A de Medicare (incluyendo la cobertura a través de un plan Medicare Advantage) es cobertura mínima esencial.**

Su Formulario 1095-B muestra la información de su Medicare Parte A y puede ser usada para verificar que tuvo cobertura calificada para todo o parte del [year]. Puede usar esta información para completar su declaración federal de impuesto. Le hemos enviado esta información al IRS.

¿Qué debe hacer ahora?

Mantenga el Formulario 1095-B en un lugar seguro con sus otros documentos tributarios.

No es necesario:

- Tomar medidas inmediatas.
- Enviar este formulario al IRS cuando presente su declaración de impuestos.
- Regresarle este formulario a Medicare.

¿Cómo afecta esto mis impuestos?

- Si tuvo cobertura de la Parte A durante todos los 12 meses del [year], usted sólo tendrá que marcar la casilla en su declaración de impuestos indicando que tuvo cobertura mínima esencial.

- Si tuvo otra cobertura distinta a la Parte A de Medicare en [year], debe recibir un Formulario 1095-B de ese proveedor de cobertura médica. Si tiene preguntas sobre ese Formulario 1095-B, usted debe comunicarse directamente con dicho proveedor, identificado en la Parte III del formulario.
- Si no tuvo cobertura a través de la Parte A de Medicare u otra cobertura mínima esencial durante todos los meses del [year], y no califica para una exención de la obligación de tener cobertura, es posible que tenga que pagar una multa cuando presente su declaración de impuestos.

Obtenga ayuda y más información

Para más información sobre su Formulario 1095-B, visite Medicare.gov o llame al 1-800-MEDICARE (1-800-633-4227). Los usuarios de TTY deben llamar al 1-877-486-2048.

Los Centros de Servicios de Medicare y Medicaid no discriminan en sus programas y actividades. Para solicitar este aviso en un formato alternativo, llame al 1-800-MEDICARE o envíe un correo electrónico a AltFormatRequest@cms.hhs.gov.

**For information in English, call 1-800-MEDICARE (1-800-633-4227).
TTY users should call 1-877-486-2048.**



Form **1095-B**

Health Coverage

Department of the Treasury
Internal Revenue Service

▶ **Do not attach to your tax return. Keep for your records.**

▶ **Information about Form 1095-B and its separate instructions is at www.irs.gov/form1095b.**

VOID

OMB No. 1545-2252

CORRECTED

2016

Part I Responsible Individual

1 Name of responsible individual		2 Social security number (SSN or other TIN)	3 Date of birth (If SSN or other TIN is not available)
4 Street address (including apartment no.)	5 City or town	6 State or province	7 Country and ZIP or foreign postal code
8 Enter letter identifying Origin of the Health Coverage (see instructions for codes): . . . ▶ <input type="checkbox"/> C		9 Reserved	

Part II Information about Certain Employer-Sponsored Coverage (see instructions)

10 Employer name			11 Employer identification number (EIN)
12 Street address (including room or suite no.)	13 City or town	14 State or province	15 Country and ZIP or foreign postal code

Part III Issuer or Other Coverage Provider (see instructions)

16 Name Centers for Medicare & Medicaid Services		17 Employer identification number (EIN)	18 Contact telephone number
19 Street address (including room or suite no.)	20 City or town	21 State or province	22 Country and ZIP or foreign postal code

Part IV Covered Individuals (Enter the information for each covered individual.)

(a) Name of covered individual(s)	(b) SSN or other TIN	(c) DOB (If SSN or other TIN is not available)	(d) Covered all 12 months	(e) Months of coverage												
				Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
23			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Instructions for Recipient

This Form 1095-B provides information needed to report on your income tax return that you, your spouse (if you file a joint return), and individuals you claim as dependents had qualifying health coverage (referred to as “minimum essential coverage”) for some or all months during the year. Individuals who don't have minimum essential coverage and don't qualify for an exemption from this requirement may be liable for the individual shared responsibility payment.

Minimum essential coverage includes government-sponsored programs, eligible employer-sponsored plans, individual market plans, and other coverage the Department of Health and Human Services designates as minimum essential coverage. For more information on the requirement to have minimum essential coverage and what is minimum essential coverage, see www.irs.gov/Affordable-Care-Act/Individuals-and-Families/Individual-Shared-Responsibility-Provision.

TIP Providers of minimum essential coverage are required to furnish only one Form 1095-B for all individuals whose coverage is reported on that form. As the recipient of this Form 1095-B, you should provide a copy to other individuals covered under the policy if they request it for their records.

Part I. Responsible Individual, lines 1–9. Part I reports information about you and the coverage.

Lines 2 and 3. Line 2 reports your social security number (SSN) or other taxpayer identification number (TIN), if applicable. For your protection, this form may show only the last four digits. However, the coverage provider is required to report your complete SSN or other TIN, if applicable, to the IRS. Your date of birth will be entered on line 3 only if line 2 is blank.

CAUTION If you don't provide your SSN or other TIN and the SSNs or other TINs of all covered individuals to the sponsor of the coverage, the IRS may not be able to match the Form 1095-B with the individuals to determine that they have complied with the individual shared responsibility provision.

Line 8. This is the code for the type of coverage in which you or other covered individuals were enrolled. Only one letter will be entered on this line.

- A. Small Business Health Options Program (SHOP)
- B. Employer-sponsored coverage
- C. Government-sponsored program
- D. Individual market insurance
- E. Multiemployer plan
- F. Other designated minimum essential coverage



If you or another family member received health insurance coverage through a Health Insurance Marketplace (also known as an Exchange), that coverage will generally be reported on a Form 1095-A rather than a Form 1095-B. If you or another family member received employer-sponsored coverage, that coverage may be reported on a Form 1095-C (Part III) rather than a Form 1095-B. For more information, see <https://www.irs.gov/Affordable-Care-Act/Questions-and-Answers-about-Health-Care-Information-Forms-for-Individuals>.

Line 9. Reserved.

Part II. Information about Certain Employer-Sponsored Coverage, lines 10–15. If you had employer-sponsored health coverage, this part may provide information about the employer sponsoring the coverage. This part may show only the last four digits of the employer's EIN. This part may also be left blank, even if you had employer-sponsored health coverage. If this part is blank, you do not need to fill in the information or return it to your employer or other coverage provider.

Part III. Issuer or Other Coverage Provider, lines 16–22. This part reports information about the coverage provider (insurance company, employer providing self-insured coverage, government agency sponsoring coverage under a government program such as Medicaid or Medicare, or other coverage sponsor). **Line 18 reports a telephone number for the coverage provider that you can call if you have questions about the information reported on the form.**

Part IV. Covered Individuals, lines 23–28. This part reports the name, SSN or other TIN, and coverage information for each covered individual. A date of birth will be entered in column (c) only if the SSN or other TIN isn't entered in column (b). Column (d) will be checked if the individual was covered for at least one day in every month of the year. For individuals who were covered for some but not all months, information will be entered in column (e) indicating the months for which these individuals were covered. If there are more than six covered individuals, see Part IV, Continuation Sheet(s), for information about the additional covered individuals.