

Mail Stop: 21104A P.O. Box 1309 Minneapolis, MN 55440-1309

<<Date>>

<<Address>> <<Address>> <<Address>>

Dear << Member>>,

We've been so happy to have you as a member. With this letter you'll find your 1095-B form for 2018. It shows the months that you and your dependents had minimum essential health coverage last year.

Why do you need the form?

It's your proof of coverage under the Affordable Care Act (ACA). Use it to help file your taxes. You don't need to actually submit it with your tax return, but make sure to keep a copy. You can use it later to avoid a tax penalty if the IRS asks for more information.

We're here to help.

Check out the back of this letter for answers to some common questions about minimum essential health coverage and your 1095-B form. And you can always call Member Services at **844-565-0630**. We can help answer questions, make corrections to your form or send you a new copy if you lose yours. We're here Monday through Friday, from 8 a.m. to 5 p.m.

Sincerely,

Scott Aebischer Senior Vice President, Customer Service

Enc: 1095-B form



Here are answers to some frequently asked questions about minimum essential coverage requirements and your 1095-B form.

Q What is minimum essential health coverage?

A The ACA requires most U.S. citizens to have some form of minimum health insurance coverage. You're subject to pay a penalty if you don't meet the requirement.

Q What's the penalty for not having minimum essential coverage?

A The penalty in 2018 is \$695 per adult and \$347.50 per child under 18. The maximum penalty per family is \$2,085 or 2.5 percent of your household income – whichever is greater. However, the penalty can't be more than the national average yearly premium for a Bronze plan available through the Health Insurance Marketplace.

Q What's the purpose of the form?

A It proves you and your dependents had minimum essential coverage and can help you avoid a tax penalty.

Q What should I do with my form?

A You can refer to it when you prepare your 2018 tax return. It will help you report your health coverage. But, you don't need to submit it. Find a safe place to keep your form in case you need to show it to the IRS later.

Q What's on the 1095-B form?

- **A** The form includes the following information:
 - Name and information of the policyholder
 - The employer sponsoring the plan
 - HealthPartners, as the insurance company providing coverage
 - Individuals covered under the plan and the months they had coverage

Q How can I make changes to the form?

- A HealthPartners is here to help. Call Member Services at **844-565-0630** to make any corrections to your form. Any changes to the enrollment information for you or your dependents can also be made through your employer.
- Q What if I get another form from a different health insurance provider? Do I need to keep both?
- **A** You'll get more than one 1095-B form if you purchased coverage through another insurance provider or the marketplace. Keep all copies for your records.