



IRS 1095 Forms — Frequently Asked Questions

You may have received or will soon be receiving an IRS 1095 tax form. The purpose of this form is to help you verify that you had minimum essential health care coverage during the previous calendar year. You are required by the Affordable Care Act to verify your health care coverage when you file your federal tax return.

The following is intended to provide answers to general questions about 1095 tax forms. You should consult your tax advisor and [refer to the 1095 Q&A on the IRS website](#) for more information about the use of the 1095 forms.

Who is issuing me a 1095 form?

The 1095 forms will be issued by the federal government, insurers, and employers. You may receive different forms depending on whether you purchase health insurance individually through the Health Insurance Marketplace at HealthCare.gov or directly from an insurer, or if you are covered under a group health plan sponsored by an employer.

Beginning the week of January 23, 2017, AmeriHealth will begin mailing IRS 1095-B tax forms on a rolling basis to subscribers who purchased plans individually off-exchange (i.e. not through the Health Insurance Marketplace at HealthCare.gov) and to subscribers of fully insured group customers. You should consult your tax advisor and [refer to the 1095 Q&A on the IRS website](#) for more information about the 1095 forms.

When will AmeriHealth issue 1095 forms?

AmeriHealth will begin mailing IRS 1095-B tax forms beginning January 23, 2017. All subscribers who are receiving a 1095-B form should receive it by the end of January.

What should I do if I receive an incorrect 1095 form?

If you received a 1095-B from AmeriHealth with a missing SSN or if you think an SSN is incorrect, you may download a 1095-B SSN Correction Form at amerihealth.com/1095. The correction form includes instructions on how to complete and return the form to AmeriHealth.

If you need assistance, you may call our dedicated toll-free number at 1-888-335-4270. Please note that our customer service representatives can provide assistance for corrections to SSNs on 1095-B forms only. For any other changes, please call the number on the back of your member ID card.



What should I do if I did not receive a 1095 form or I need a duplicate copy?

If you had AmeriHealth health care coverage during the previous calendar year but you did not receive a 1095-B form, or if you need a duplicate copy of a 1095-B form, you may call our toll-free number at 1-888-335-4270 or send an email to 1095@AmeriHealth.com.

For questions regarding the receipt of a 1095-A or 1095-C form or a request for a duplicate copy, you should contact the issuer at the phone number or email address printed on the form.

What if I changed employers or health insurance plans during the calendar year?

You may receive more than one 1095 form if you had health care coverage from more than one issuer during the calendar year. This is similar to receiving more than one W-2 if you have multiple employers.

What information is included on the 1095 form?

The 1095 form includes the SSNs and names of covered individuals, the months of coverage for each individual listed, and the name of the issuer (e.g. employer name). To ensure that our members' personal information is protected, the 1095-B form issued by AmeriHealth includes only the last four digits of an SSN.

What do I need to do with the 1095 form(s) I received?

When you file your federal income tax return, you can use the 1095 form(s) to verify that you and anyone enrolled in your plan had coverage for each month during the calendar year. Please consult your tax advisor and [refer to the 1095 Q&A on the IRS website](#) for information about the use of the 1095 form(s).

What if my enrolled dependent(s) files a separate tax return?

You should consult your tax advisor and [refer to the 1095 Q&A on the IRS website](#) for information about the use of the 1095 form(s) for dependents covered under your AmeriHealth plan.

What do I do if I have a question about the 1095 form(s) I received?

You should contact the issuer at the phone number or email address printed on the form. We also encourage you to consult your tax advisor and [refer to the 1095 Q&A on the IRS website](#) for guidance.

Language Assistance Services

Spanish: ATENCIÓN: Si habla español, cuenta con servicios de asistencia en idiomas disponibles de forma gratuita para usted. Llame al número telefónico de Servicio al Cliente que figura en el reverso de su tarjeta de identificación.

Chinese: 注意: 如果您讲中文, 您可以得到免费的语言协助服务。请致电您ID卡背面的客户服务电话号码。

Korean: 안내사항: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하의 ID 카드 뒷면에 있는 고객 서비스 번호로 전화해 주십시오.

Portuguese: ATENÇÃO: se você fala português, encontram-se disponíveis serviços gratuitos de assistência ao idioma. Ligue para telefone do Atendimento ao Cliente que está no verso do seu cartão de identificação.

Gujarati: સૂચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. કૃપયા તમારા આઈડી કાર્ડની પાછળ ગ્રાહક સેવા નંબર પર કોલ કરો.

Vietnamese: LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi sẽ cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí cho bạn. Hãy gọi số Dịch Vụ Chăm Sóc Khách Hàng ở mặt sau thẻ ID của bạn.

Russian: ВНИМАНИЕ: Если вы говорите по-русски, то можете бесплатно воспользоваться услугами перевода. Позвоните в службу поддержки клиентов по номеру телефона, указанном на обратной стороне вашей идентификационной карты.

Polish: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer Obsługi klienta znajdujący się na odwrocie Twojego identyfikatora.

Italian: ATTENZIONE: Se lei parla italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiami il numero dell'Assistenza clienti che troverà sul retro della sua tessera identificativa.

Arabic:

ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية متاحة لك بالمجان. الرجاء الاتصال برقم "خدمة العملاء" الموجود على ظهر بطاقة هويتك.

French Creole: ATANSYON : Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Tanpri rele nimewo Sèvis Kliyantèl ki sou do kat idantifikasyon ou a.

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga serbisyo na tulong sa wika nang walang bayad. Mangyaring tawagan ang numero ng Customer Service na nasa likod ng iyong ID card.

French: ATTENTION: Si vous parlez français, des services d'aide linguistique-vous sont proposés gratuitement. Veuillez composer le numéro du service clientèle indiqué au dos de votre carte d'identité Médicale.

Pennsylvania Dutch: BASS UFF: Wann du Pennsylvania Deitsch schwetzscht, kannscht du Hilf griegie in dei eegni Schprooch unni as es dich ennich eppes koschte zellt. Ruf die Number uff die hinnerscht Seit vun dei ID Card uff fer schwetze mit ebber as dich helfe kann.

Hindi: ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। कृपया अपने आईडी कार्ड के पीछे दिए ग्राहक सेवा नंबर पर कॉल करें।

German: ACHTUNG: Wenn Sie Deutsch sprechen, können Sie kostenlos sprachliche Unterstützung anfordern. Bitte rufen Sie unsere Kundendienstnummer auf der Rückseite Ihrer Identifikationskarte an.

Japanese: 備考: 母国語が日本語の方は、言語アシスタンスサービス(無料)をご利用いただけます。ご自分のIDカードの裏面に記載されているカスタマーサービスの番号へお電話ください。

Persian (Farsi):

توجه: اگر فارسی صحبت می کنید، خدمات ترجمه به صورت رایگان برای شما فراهم می باشد. لطفاً با شماره خدمات مشتریان که در پشت کارت شناسایی شما درج شده است تماس بگیرید.

Navajo: Díí baa akó nínizin: Díí saad bee yánífti'go Diné Bizaad, saad bee áká'anída'áwo'déé', t'áá jik'eh. T'áá shqodí hódíílnih koji' Áká'anídaalwo'ji' éí binumber naaltsoos nitl'izgo nantinígíí bine'déé' bikáá'.

Urdu:

توجہ درکار ہے: اگر آپ اردو زبان بولتے ہیں، تو آپ کے لئے مفت میں زبان معاون خدمات دستیاب ہیں۔ آپ کے شناختی کارڈ کے پیچھے دئیے گئے صارف خدمات نمبر پر برائے کرم کال کریں۔

Discrimination is Against the Law

This Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. This Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

This Plan provides:

- Free aids and services to people with disabilities to communicate effectively with us, such as: qualified sign language interpreters, and written information in other formats (large print, audio, accessible electronic formats, other formats).
- Free language services to people whose primary language is not English, such as: qualified interpreters and information written in other languages.

Mon-Khmer, Cambodian: សូមមេត្តាចាប់អារម្មណ៍៖ ប្រសិនបើអ្នកនិយាយភាសាមន-ខ្មែរ ឬភាសាខ្មែរ នោះ ជំនួយផ្នែកភាសានឹងមានផ្តល់ជូនដល់លោកអ្នកដោយឥតគិតថ្លៃ។ សូមទូរសព្ទទៅលេខសេវាសមាជិក ដែលមាននៅ ផ្នែកខាងក្រោយនៃបណ្ណសម្គាល់ខ្លួនរបស់លោកអ្នក ។

If you need these services, contact our Civil Rights Coordinator. If you believe that This Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with our Civil Rights Coordinator. You can file a grievance in the following ways: In person or by mail: ATTN: Civil Rights Coordinator, 1901 Market Street, Philadelphia, PA, 19103; By phone: 1-888-377-3933 (TTY: 711), By fax: 215-761-0245, By email: civilrightscordinator@1901market.com. If you need help filing a grievance, our Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.