

January 2016

Form 1095-B Health Coverage Notice

This notice is to advise you of a new Internal Revenue Service (IRS) tax form, Form 1095-B, that will soon be sent to you by your Health Maintenance Organization (HMO). You will receive this form because you were enrolled in an HMO through the New York State Health Insurance Program (NYSHIP) for all or a portion of 2015. This form is being sent to you pursuant to the federal Patient Protection and Affordable Care Act (PPACA), also referred to as Federal Health Care Reform. This notice provides details on Form 1095-B and why it is being sent to you.

You should review IRS Form 1095-B when it arrives. If the personal information on your Form 1095-B is accurate, retain the form with your tax records. You do not need to return the form to your HMO or the State of New York, and it does not need to be filed with your federal or state income tax return. If any of the information contained on your Form 1095-B is inaccurate, call the telephone number indicated on the form to correct the errors. The forms present data provided to the IRS by your HMO as proof of qualifying health insurance coverage for 2015.

This form is important to you because it provides verification that you and any dependents you covered had qualifying health insurance coverage in 2015, which is a requirement under PPACA. Please note that if you were employed by the State and/or enrolled in The Empire Plan for all or a portion of 2015, you may receive a similar form, Form 1095-C, from the State as well.

Individuals who are enrolled in Medicare or who provide coverage to any dependents enrolled in Medicare should note that enrollment information for Medicare enrollees will not appear on Form 1095-B. This should not alarm you; Medicare enrollees satisfy PPACA's coverage requirement listed above and you may receive a separate Form 1095-B from Medicare for these individuals.

In conclusion, if the information on your Form 1095-B is correct, retain the form with your tax records. If you have questions about the form, call the telephone number listed on your Form 1095-B.

Form 1095-Health Coverage NF0679