



Health Insurance Information to Help You File Your 2018 taxes

FAQ'S: Frequently asked questions about proof of insurance.

Americans are currently required to have health insurance and show proof of insurance on 2018 tax forms OR you must pay a penalty (unless subject to an exemption). As your health insurance partner, PHP is here to help you understand:

- What kind of *proof of insurance* is acceptable
- When you can expect information from PHP
- How to interpret the form
- Where to obtain more information

Q Why did I receive this form (1095-B) from Physicians Health Plan (PHP)?

As your health insurance partner, PHP is required to report insurance information (Section 6055) about you and your covered dependents (spouse and/or children) to comply with the Affordable Care Act (ACA). The ACA requires all Americans show proof of insurance (called *Minimum Essential Coverage*, or *MEC*) starting with their 2016 tax return filed in 2017, or pay a penalty unless subject to an exemption.

Q What do I do with the 1095-B form PHP has sent me?

• If you prepare your own taxes

Do NOT attach the form or send it with your taxes; keep it with your other important tax papers. If the form shows insurance for you and everyone listed on your tax return for the entire year, check the full-year coverage box on your tax return (*located on line 61 of Form 1040, line 38 of Form 1040A or line 11 of Form 1040EZ*).

If there are months when you or your family members did not have insurance you may be able to find helpful information at: www.irs.gov/affordable-care-act/individuals-and-families/individual-shared-responsibility-provision. You may qualify for an exemption or you may have to make an individual shared responsibility payment.

• If you DON'T prepare your own taxes

Share the 1095-B form with your tax preparer. This form will help them to file your taxes properly. Your 1095-B form is not required to file your taxes, however check with your tax preparer for their documentation requirements.

Q Do PHP insurance plans meet the federal requirements for Minimum Essential Coverage?

Yes, ALL PHP plans meet requirements for Minimum Essential Coverage (MEC). For a detailed description of MEC, go to: www.irs.gov/affordable-care-act/individuals-and-families/aca-individual-shared-responsibility-provision-minimum-essential-coverage

Q Does everyone receive the **1095-B** form?

All fully-insured PHP group policyholders will receive form **1095-B** from PHP. Other 1095 forms include:

• Form 1095-A, for Marketplace coverage

For answers to questions about 1095-A, call the Marketplace at **1-800-318-2596**. This form is issued by the Federal Government.

• Form 1095-C for groups with 50 or more Full-Time Equivalent (FTE) employees

Form 1095-C questions must be answered by employers at the phone number listed on line 10 of the form. This form is issued specifically by employers that have more than 50 (FTE) employees.

Learn more at
phpni.com

**PHYSICIANS HEALTH PLAN
of NORTHERN INDIANA, INC.**
PHP MANAGEMENT SYSTEMS, INC.

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Phone: 260-432-6690
Toll Free: 1-800-982-6257
Fax: 260-432-0493

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What if my name has changed and my current name is not shown on the form I receive?

- **If your form has your Social Security Number (SSN)** Your SSN will be used to verify MEC against your tax return, so **you will not need an updated form**. However, for PHP's electronic transmission, your name must be submitted exactly as it has been registered with the IRS. Please contact PHP's Customer Service Department at 1-800-982-8257 to update your information.
- **If the form does NOT contain your SSN** and therefore cannot be verified, please contact PHP's Customer Service Department at 260-969-2452 ext. 11. We will update the form and send you a new form with your updated name.

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What if I receive more than one 1095-B form?

You will receive only one form unless:

- You had insurance coverage through more than one employer in 2018.
- You had Off-Marketplace individual coverage for part of the year and through an employer for part of the year.
- Your employer changed insurance providers mid-year.
- Your employer changed names and/or Tax Identification Number (TIN).

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What about my spouse and/or children?

If you have dependents (spouse or adult child) that you do not include on your tax return, you must provide a copy of Form 1095-B to them. PHP will supply copies of the form to policyholders only.

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Will my employer receive a copy of my form?

No. Form 1095-B will NOT be sent to employers. Policyholders receive the form AND the Internal Revenue Service (IRS).

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When should I receive Form 1095-B from PHP? Do I need to wait on it to file my taxes?

- **Delivery of Form 1095-B** These forms are targeted to be mailed by the end of January, 2019. However, the IRS deadline for delivery is February 28, 2019.
- **You need NOT wait on Form 1095-B to file your taxes!** Information on the form may help you prepare your taxes, however having the form in-hand is not required. You can use other information about your health insurance to complete your tax forms. (*You must wait on Form 1095-A to file taxes; you need not wait on Form 1095-C*).

Q

What does the 1095-B Form look like?

**This is an example
of Form 1095-B**

We're sorry; PHP is not able to answer tax questions or give tax advice.

1095-B		Health Coverage																													
<small>Department of the Treasury</small>		<small>► Do not attach to your tax return. Keep for your records.</small>																													
<small>► Go to www.irs.gov/Form1095B for instructions and the latest information.</small>		<small>OMB No. 1445-2002</small>																													
Part I Responsible Individual		<input type="checkbox"/> VOID <input type="checkbox"/> CORRECTED																													
1 Name of responsible individual (first name, middle name, last name)		2 Social security number (SSN) or other TN		3 Date of birth (SSN or other TN is not available)		<small>► Country and ZIP or foreign postal code</small>																									
4 Street address (including apartment no.)		5 City or town		6 State or province		7 Country and ZIP or foreign postal code																									
<small>► Enter letter identifying Origin of the Health Coverage (see instructions for codes):</small>		<small>►</small>		<small>►</small>		<small>►</small>																									
Part II Information About Certain Employer-Sponsored Coverage (see instructions)		<small>►</small>																													
8 Name		9 Street address (including room or suite no.)		10 City or town		11 Employee identification number (EIN)		<small>►</small>																							
12 Street address (including room or suite no.)		13 City or town		14 State or province		15 Country and ZIP or foreign postal code		<small>►</small>																							
Part III Issuer or Other Coverage Provider (see instructions)		<small>►</small>																													
16 Name		17 Employee identification number (EIN)		18 Contact telephone number		<small>►</small>																									
19 Street address (including room or suite no.)		20 City or town		21 State or province		22 Country and ZIP or foreign postal code		<small>►</small>																							
Part IV Covered Individuals (Enter the information for each covered individual)		<small>►</small>																													
(a) Name of covered individual (first name, middle initial, last name)		(b) SSN or other TN <small>(if SSN or other TN is not available)</small>		(c) DOB (if SSN or other TN is not available)		(d) Covered at 12 months		(e) Months of coverage																							
23		Jan		Feb		Mar		Apr		May		Jun		Jul		Aug		Sep		Oct		Nov		Dec							
24		Jan		Feb		Mar		Apr		May		Jun		Jul		Aug		Sep		Oct		Nov		Dec							
25		Jan		Feb		Mar		Apr		May		Jun		Jul		Aug		Sep		Oct		Nov		Dec							
26		Jan		Feb		Mar		Apr		May		Jun		Jul		Aug		Sep		Oct		Nov		Dec							
27		Jan		Feb		Mar		Apr		May		Jun		Jul		Aug		Sep		Oct		Nov		Dec							
28		Jan		Feb		Mar		Apr		May		Jun		Jul		Aug		Sep		Oct		Nov		Dec							
<small>For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.</small>																								<small>Cat. No. 03704B</small>				<small>Form 1095-B (2014)</small>			

Your health deserves PHP!

Let us know how we can
help you!

Learn more at
phnI.com

PHYSICIANS HEALTH PLAN
of NORTHERN INDIANA, INC.
HP MANAGEMENT SYSTEMS, INC.