



Covered California
 PO BOX 989725
 West Sacramento, CA 95798-9725



Your destination for affordable
 healthcare, including Medi-Cal

PAVAN MARGANA
 2341 River Plaza Dr Apt 52
 52
 Sacramento, CA 95833

Your federal tax form for 2021

January 08, 2022

Case Number: 5191233992

Dear PAVAN MARGANA,

IRS Form 1095-A is on the next page of this letter. You need this form to file your federal tax return with the Internal Revenue Service (IRS). It will show that one or more members of your household were enrolled in a Covered California health plan in 2021. It will also show how much premium tax credit you used during the year.

If you got premium tax credit or want to claim it now, you must:

- File a federal tax return. You must file even if you do not usually file a federal tax return or have not filed in the past.
- Use your IRS Form 1095-A to fill out IRS Form 8962 for your federal tax return. File IRS Form 8962 with your federal tax return to report the premium tax credit you got each month.

IMPORTANT: You will get two tax forms this year.

This letter is about your federal tax form (IRS Form 1095-A).
 We will send you Form FTB 3895 in a **separate envelope** before January 31. You will need that form to file your state taxes.

Note: If you are married and live with your spouse, you are required to file taxes as Married Filing Jointly. Certain exceptions apply for special circumstances. If you have questions, talk to your tax preparer.

You may get more than one IRS Form 1095-A. This could happen if members of your household were in different health plans. This could also happen if someone changed health plans or benefit levels during the year, such as changing from a Silver to a Gold plan.



Do you need help with your taxes?

Covered California may be able to answer questions but cannot give tax advice. For help with your taxes:

- Talk to your tax adviser.
- Contact Volunteer Income Tax Assistance (VITA). VITA generally serves people who make \$56,000 or less per year, persons with disabilities, the elderly and limited English-speaking taxpayers. To find help near you:
 - Go online: <https://irs.treasury.gov/freetaxprep/>
 - Or call: 1-800-906-9887
- Visit the IRS website. You can find more information about:
 - Filing your federal tax return: www.irs.gov/Filing
 - The Affordable Care Act and taxes: www.irs.gov/aca
 - How to correct/amend a return: www.irs.gov/help

Need a digital copy? Log in to your CoveredCA.com account and go to “Documents and Correspondence” or “Secure Mailbox.” Look for “2021 Federal Tax Form (1095-A) - Original.” If you do not have an online account, go to CoveredCA.com/create-account and follow the instructions.

Questions?

Please read our **Frequently Asked Questions** after your tax form. If you have a different question or think there is a mistake on your form:

- Go online: CoveredCA.com/1095
- Call Covered California: 1-800-300-1506 (TTY: 1-888-889-4500). You can call Monday through Friday 8 a.m. to 6 p.m.

Remember: *You will get two tax forms this year in separate envelopes. They may arrive days or weeks apart. Please wait until after January 31 to report a missing form.*

Thank you,

Covered California

This notice was sent to you in compliance with the Affordable Care Act implementing regulations: 26 Code of Federal Regulations, §1.36B-5.



Part I Recipient Information

1 Marketplace identifier California	2 Marketplace-assigned policy number 40513CA038000101P602315105	3 Policy issuer's name Kaiser		
4 Recipient's name PAVAN MARGANA		5 Recipient's SSN 669621101	6 Recipient's date of birth 08/16/1992	
7 Recipient's spouse's name SUMATEJA KALAPALA		8 Recipient's spouse's SSN	9 Recipient's spouse's date of birth 04/08/1988	
10 Policy start date 01/01/2021	11 Policy termination date 04/30/2021	12 Street address (including apartment no.) 2341 River Plaza Dr Apt 52 52		
13 City or town Sacramento	14 State or province CA	15 Country and ZIP or foreign postal code 95833		

Part II Covered Individuals

	A. Covered individual name	B. Covered individual SSN	C. Covered individual date of birth	D. Coverage start date	E. Coverage termination date
16	SUMATEJA KALAPALA		04/08/1988	01/01/2021	04/30/2021
17	PAVAN MARGANA	669621101	08/16/1992	01/01/2021	04/30/2021
18	DVITHIMANASA MARGANA	033717754	01/25/2021	03/01/2021	04/30/2021
19					
20					

Part III Coverage Information

Month	A. Monthly enrollment premiums	B. Monthly second lowest cost silver plan (SLCSP) premium	C. Monthly advance payment of premium tax credit
21 January	\$1,080.60	\$861.19	0
22 February	\$1,080.60	\$861.19	0
23 March	\$1,444.76	\$1,151.41	0
24 April	\$1,444.76	\$1,151.41	\$619.31
25 May	0	0	0
26 June	0	0	0
27 July	0	0	0
28 August	0	0	0
29 September	0	0	0
30 October	0	0	0
31 November	0	0	0
32 December	0	0	0
33 Annual Totals	\$5,050.72	\$4,025.20	\$619.31

Instructions for Recipient

You received this Form 1095-A because you or a family member enrolled in health insurance coverage through the Health Insurance Marketplace. This Form 1095-A provides information you need to complete Form 8962, Premium Tax Credit (PTC). **You must complete Form 8962 and file it with your tax return (Form 1040, Form 1040-SR, or Form 1040-NR) if any amount other than zero is shown in Part III, column C, of this Form 1095-A (meaning that you received premium assistance through advance payments of the premium tax credit (also called advance credit payments)) or if you want to take the premium tax credit.** The filing requirement applies whether or not you're otherwise required to file a tax return. If you are filing Form 8962, you cannot file Form 1040-NR-EZ, Form 1040-SS, or Form 1040-PR. The Marketplace also has reported the information on this form to the IRS. If you or your family members enrolled at the Marketplace in more than one qualified health plan policy, you will receive a Form 1095-A for each policy. Check the information on this form carefully. Please contact your Marketplace if you have questions concerning its accuracy. If you or your family members were enrolled in a Marketplace catastrophic health plan or separate dental policy, you aren't entitled to take a premium tax credit for this coverage when you file your return, even if you received a Form 1095-A for this coverage. For additional information related to Form 1095-A, go to www.irs.gov/Affordable-Care-Act/Individuals-and-Families/Health-Insurance-Marketplace-Statements.

Additional information. For additional information about the tax provisions of the Affordable Care Act (ACA), including the premium tax credit, see www.irs.gov/Affordable-Care-Act/Individuals-and-Families or call the IRS Healthcare Hotline for ACA questions (800-919-0452).

VOID box. If the "VOID" box is checked at the top of the form, you previously received a Form 1095-A for the policy described in Part I. That Form 1095-A was sent in error. You shouldn't have received a Form 1095-A for this policy. Don't use the information on this or the previously received Form 1095-A to figure your premium tax credit on Form 8962.

CORRECTED box. If the "CORRECTED" box is checked at the top of the form, use the information on this Form 1095-A to figure the premium tax credit and reconcile any advance credit payments on Form 8962. Don't use the information on the original Form 1095-A you received for this policy.

Part I. Recipient Information, lines 1–15. Part I reports information about you, the insurance company that issued your policy, and the Marketplace where you enrolled in the coverage.

Line 1. This line identifies the state where you enrolled in coverage through the Marketplace.

Line 2. This line is the policy number assigned by the Marketplace to identify the policy in which you enrolled. If you are completing Part IV of Form 8962, enter this number on line 30, 31, 32, or 33, box a.

Line 3. This is the name of the insurance company that issued your policy.

Line 4. You are the recipient because you are the person the Marketplace identified at enrollment who is expected to file a tax return and who, if qualified, would take the premium tax credit for the year of coverage.

Line 5. This is your social security number (SSN). For your protection, this form may show only the last four digits. However, the Marketplace has reported your complete SSN to the IRS.

Line 6. A date of birth will be entered if there is no SSN on line 5.

Lines 7, 8, and 9. Information about your spouse will be entered only if advance credit payments were made for your coverage. The date of birth will be entered on line 9 only if line 8 is blank.

Lines 10 and 11. These are the starting and ending dates of the policy.

Lines 12 through 15. Your address is entered on these lines.

Part II. Covered Individuals, lines 16–20. Part II reports information about each individual who is covered under your policy. This information includes the name, SSN, date of birth, and the starting and ending dates of coverage for each covered individual. For each line, a date of birth is reported in column C only if an SSN isn't entered in column B.

If advance credit payments are made, the only individuals listed on Form 1095-A will be those whom you certified to the Marketplace would be in your tax family for the year of coverage (yourself, spouse, and dependents). If you certified to the Marketplace at enrollment that one or more of the individuals who enrolled in the plan aren't individuals who would be in your tax family for the year of coverage, those individuals won't be listed on your Form 1095-A. For example, if you indicated to the Marketplace at enrollment that an individual enrolling in the policy is your adult child who will not be your dependent for the year of coverage, that child will receive a separate Form 1095-A and won't be listed in Part II on your Form 1095-A.

If advance credit payments are made and you certify that one or more enrolled individuals aren't individuals who would be in your tax family for the year of coverage, your Form 1095-A will include coverage information in Part III that is applicable solely to the individuals listed on your Form 1095-A, and separately issued Forms 1095-A will include coverage information, including dollar amounts, applicable to those individuals not in your tax family.

If advance credit payments weren't made and you didn't identify at enrollment the individuals who would be in your tax family for the year of coverage, Form 1095-A will list all enrolled individuals in Part II on your Form 1095-A.

If there are more than 5 individuals covered by a policy, you will receive one or more additional Forms 1095-A that continue Part II.

Part III. Coverage Information, lines 21–33. Part III reports information about your insurance coverage that you will need to complete Form 8962 to reconcile advance credit payments or to take the premium tax credit when you file your return.

Column A. This column is the monthly premiums for the plan in which you or family members were enrolled, including premiums that you paid and premiums that were paid through advance payments of the premium tax credit. If you or a family member enrolled in a separate dental plan with pediatric benefits, this column includes the portion of the dental plan premiums for the pediatric benefits. If your plan covered benefits that aren't essential health benefits, such as adult dental or vision benefits, the amount in this column will be reduced by the premiums for the nonessential benefits. If the policy was terminated by your insurance company due to nonpayment of premiums for 1 or more months, then a -0- will appear in this column for these months regardless of whether advance credit payments were made for these months.

Column B. This column is the monthly premium for the second lowest cost silver plan (SLCSP) that the Marketplace has determined applies to members of your family enrolled in the coverage. The applicable SLCSP premium is used to compute your monthly advance credit payments and the premium tax credit you take on your return. See the instructions for Form 8962, Part II, on how to use the information in this column or how to complete Form 8962 if there is no information entered. If the policy was terminated by your insurance company due to nonpayment of premiums for 1 or more months, then a -0- will appear in this column for the months, regardless of whether advance credit payments were made for these months.

Column C. This column is the monthly amount of advance credit payments that were made to your insurance company on your behalf to pay for all or part of the premiums for your coverage. If this is the only column in Part III that is filled in with an amount other than zero for a month, it means your policy was terminated by your insurance company due to nonpayment of premiums, and you aren't entitled to take the premium tax credit for that month when you file your tax return. You still must reconcile the entire advance payment that was paid on your behalf for that month using Form 8962. No information will be entered in this column if no advance credit payments were made.

Lines 21–33. The Marketplace will report the amounts in columns A, B, and C on lines 21–32 for each month and enter the totals on line 33. Use this information to complete Form 8962, line 11 or lines 12–23.

Frequently Asked Questions

Q: What is the federal premium tax credit?

A: The federal premium tax credit lowers the premium (monthly cost) of a qualified health plan through Covered California. Covered California uses the information on your application to decide if you qualify.

Q: What are my choices for taking the federal premium tax credit?

A: You can take **some** or **all** of the federal premium tax credit to lower your health plan premium (monthly cost) during the year. If you take the premium tax credit during the year, it is sent directly to your health insurance company. If you choose **not** to take any premium tax credit to lower your health plan premium (monthly cost), you may get it at the end of the year when you file your federal tax return.

Q: How does taking the premium tax credit in advance (during the year) impact my taxes?

A: When you file your federal tax return at the end of the year, the IRS uses the final income and family size that you report on your federal tax return to decide the amount of your premium tax credit.

- If your final income for the year is **lower** than what you estimated on your Covered California application or your family size changed, you may qualify for more premium tax credit. The IRS may give you the rest in a refund. Or, if you owe other taxes, your unused premium tax credit may lower the amount you owe.
- If your final income for the year is **higher** than what you estimated on your Covered California application or your family size changed, you may have taken too much premium tax credit during the year. You may have to pay some or all of it back to the IRS when you file your federal tax return.

To help avoid having to pay back premium tax credits next year, report any changes in income, family size or tax filing status to Covered California right away.

Q: I don't want to take too much premium tax credit during the year and have to pay it back at tax time. What are my choices?

A: You can't change what you got in 2021. But you can lower the premium tax credit amount you are getting now. For help, call Covered California at **1-800-300-1506** (TTY: 1-888-889-4500).

Q: Why am I getting IRS Form 1095-A?

A: We send IRS Form 1095-A to everyone who got health insurance through Covered California in 2021. You need this form to file your federal taxes. We also send IRS Form 1095-A to the Internal Revenue Service. It shows:

- Who was enrolled and how many months they had health insurance
- How much was paid in monthly premiums
- How much premium tax credit was paid to the health insurance company

Q: Why do I need two different tax forms (IRS Form 1095-A & Form FTB 3895) this year?



A: You need different forms because both state **and** federal financial help are available through Covered California. Use IRS Form 1095-A to report any federal financial help you got when you file your federal tax return. Use Form FTB 3895 to report any state financial help you got and show proof of coverage when you file your California state tax return.

Q: How do I use IRS Form 1095-A to file my federal taxes?

A: Use your IRS Form 1095-A to fill out **IRS Form 8962, Premium Tax Credit**. You can get a blank copy on the IRS website at <https://www.irs.gov/forms-instructions>. Search for "Form 8962." Your tax preparer or online tax service should also have the form.

Q: Why is there a -0- in Part III – Column A on my IRS Form 1095-A?

A: If you did not pay your premium (monthly cost) and your health plan ended, then a -0- will appear for each month you did not pay. This will happen even if you got the premium tax credit (Part III – Column C) during those months.

Q: My IRS Form 1095-A says I did not get any premium tax credit during the year. Part III – Column C is blank or has all zeroes. Why?

A: This could happen because you did not apply for financial help or you did **not** qualify for the premium tax credit when you first applied. For example, your income did not meet the program rules, or you were eligible for other health insurance.

Q: There is a mistake on my IRS Form 1095-A. How can I correct it?

A: If you find a mistake on your IRS Form 1095-A, you can call Covered California. Or you can file a dispute online at CoveredCA.com/1095. Click on "Errors on your forms?" and fill out the Request to Correct or Dispute Tax Forms.

Q: I got another form that looks like IRS Form 1095-A. Why?

A: You may have received IRS Form 1095-B or IRS Form 1095-C if someone in your household had insurance from a different program or employer. For example:

- **IRS Form 1095-B** shows if someone had insurance through Medi-Cal, Medicare, Veteran's Administration, small employer or other health insurance (not purchased through Covered California).
- **IRS Form 1095-C** shows if someone had insurance through a large employer (50 or more full-time equivalent employees).

Note: The Department of Health Care Services (DHCS) will send IRS Form 1095-B to everyone who had Medi-Cal in 2021. You will get more than one form if some people in your family had Medi-Cal and others had Covered California. If you have questions, visit the DHCS website at <http://dhcs.ca.gov/1095>. Or call **1-844-253-0883**.



Section 1557 of the Patient Protection and Affordable Care Act (ACA)

Covered California complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, gender identity or sexual orientation. Covered California does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, gender identity or sexual orientation.

Covered California 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 and other formats). Covered California also provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these services, contact the Civil Rights Coordinator at 1-916-228-8764 or by email at CivilRights@covered.ca.gov.

If you believe that Covered California has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, gender identity or sexual orientation, you can file a grievance with the Civil Rights Coordinator.

You can file a grievance in the following ways:

Mail: Civil Rights Coordinator
P.O. Box 989725
West Sacramento, CA 95798-9725

Phone: 1-916-228-8764

Fax: 1-916-228-8909

Email: CivilRights@covered.ca.gov

You can also file a civil rights complaint with the Office for Civil Rights at the U.S. Department of Health and Human Services.

Mail: U.S. Department of Health and Human Services
200 Independence Ave. SW, Room 509F, HHH Building
Washington, DC 20201

Phone: 1-800-368-1019 or TTY: 1-800-537-7697

Online: Office for Civil Rights Complaint Portal at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>.
Complaint forms are available on the U.S. Department of Health and Human Services Office for Civil Rights website.



Getting Help in a Language Other than English

IMPORTANT: Can you read this letter? You can call **1-800-300-1506** and ask for this letter translated to your language or in another format such as large print. For TTY call **1-888-889-4500** where you can also request this letter in alternate format.

Español IMPORTANTE: ¿Puede leer esta carta? Usted puede llamar al **1-800-300-0213** y pedir esta carta traducida en su idioma o en otro formato como en letras grandes. Para TTY, llame al **1-888-889-4500**, donde también puede pedir esta carta en algún formato diferente. **(Spanish)**

中文/繁體字 重要事項: 您能讀懂這封信嗎? 您可以致電 **1-800-300-1533** 並要求將這封信翻譯成您的語言或者索要其他格式如大字版本的信件。對於 TTY, 請致電 **1-888-889-4500**, 您也可以在那裏索取其他格式的信件。**(Chinese)**

Tiếng Việt QUAN TRỌNG: Quý vị có thể đọc được bức thư này không? Quý vị có thể gọi điện đến số **1-800-652-9528** và yêu cầu được dịch bức thư này sang ngôn ngữ của quý vị hoặc chuyển sang định dạng khác như bản in khổ lớn. Người dùng TTY, hãy gọi số **1-888-889-4500** quý vị cũng có thể yêu cầu định dạng thay thế khác cho bức thư này. **(Vietnamese)**

한국어중요: 이 편지를 읽을 수 있습니까? **1-800-738-9116** 으로 연락하여 귀하의 언어로 번역되거나 큰 활자와 같은 다른 형식으로 요청하십시오. TTY **1-888-889-4500** 에서도 이 편지의 다른 포맷을 요청할 수도 있습니다. **(Korean)**

Tagalog MAHALAGA: Maaari ba ninyong basahin ang sulat na ito? Maaari kang tumawag sa **1-800-983-8816** at humiling na isalin ang sulat na ito sa iyong wika o sa iba pang format katulad ng malalaking titik. Para sa TTY, tumawag sa **1-888-889-4500** kung saan maaari kang humiling ng alternatibong format ng sulat na ito. **(Tagalog)**

العربية هام: هل يمكنك قراءة هذا الخطاب؟ يمكنك الاتصال بـ **1-800-826-6317** وطلب هذا الخطاب مترجماً إلى لغتك أو بصيغة أخرى، بخط كبير مثلاً. للصم والبكم، اتصل بـ **1-888-889-4500** حيث يمكنك أيضاً أن تطلب هذا الخطاب بصيغة مختلفة. **(Arabic)**

հայերեն ՎԱՐՇՎԱՆԻ Է: Դուք կարո՞ղ եք կարդալ այս նամակը: Դուք կարող եք զանգահարել **1-800-996-1009** և խնդրել, որ այս նամակը թարգմանվի ձեր լեզվով կամ Ձեր տրվի մեկ այլ ձևաչափով, օրինակ՝ խոշորատառ: TTY-ի համար զանգահարեք **1-888-889-4500**, որտեղ կարող եք նաև այլընտրանքային ձևաչափով խնդրել այս նամակը: **(Armenian)**

ភាសាខ្មែរ សំខាន់៖ តើលោកអ្នកអាចអានលិខិតនេះបានដែរឬទេ? លោកអ្នកអាចទូរស័ព្ទមកលេខ **1-800-906-8528** និងស្នើសុំឲ្យគេបកប្រែលិខិតនេះជាភាសារបស់លោកអ្នក

ប្រជាជនមួយចំនួនទៀតដូចជាអង្គការពិការភ្នែក។ សម្រាប់ TTY ទូរស័ព្ទមកលេខ **1-888-889-4500** ដែលលោកអ្នកក៏អាចស្នើសុំលិខិតនេះ ជាទម្រង់ផ្សេងទៀត បានផងដែរ។ **(Khmer)**

Русский ВАЖНАЯ ИНФОРМАЦИЯ: Вы можете прочитать это письмо? Вы можете позвонить по телефону **1-800-778-7695** и запросить получение этого письма, переведенного на Ваш родной язык, или распечатанного крупным шрифтом. Лица со сниженным слухом могут позвонить по телефону **1-888-889-4500**, чтобы запросить это письмо в ином формате. **(Russian)**

فارسی مهم: آیا می توانید این نامه را بخوانید؟ می توانید با شماره **1-800-921-8879** تماس بگیرید و تقاضا کنید که این نامه به زبان شما ترجمه شود یا به فرمت دیگری مانند حروف درشت به شما ارسال شود. برای TTY با شماره **1-888-889-4500** تماس بگیرید و از طریق همان شماره همچنین می توانید درخواست کنید که این نامه به فرمت دیگری به شما ارسال شود. **(Farsi)**

Hmoob TSEEM CEEB: Koj nyeem puas tau tsab ntawv no? Koj hu tau rau **1-800-771-2156** thiab nug kom daim ntawv txais ua yog koj cov lus los sis yog lwm hom xws lis luam tus ntawv loj. Hu tau TTY ntawm **1-800-889-4500** ua koj thov hloov tau lwm hom. **(Hmong)**

महत्वपूर्ण: क्या आप यह पत्र पढ़ सकते हैं? इस पत्र को अपनी भाषा में अनुवाद करने के लिए या बड़े प्रिंट की तरह किसी अन्य प्रारूप में प्राप्त करने के लिए **1-800-300-1506** पर कॉल करके अनुरोध कर सकते हैं। TTY के लिए **1-888-889-4500** पर कॉल करें जहाँ आप इस पत्र को किसी अन्य प्रारूप में प्राप्त करने का अनुरोध कर सकते हैं। **(Hindi)**

重要: この文書を読むことができますか? 希望の言語に翻訳された文書、または大きな文字など別の形式の文書をご希望の場合、**1-800-300-1506** までお電話ください。TTY の場合、**1-888-889-4500** にお電話いただければ、その他の形式の文書をリクエストすることもできます。 **(Japanese)**

ਮਹੱਤਵਪੂਰਨ: ਕੀ ਤੁਸੀਂ ਇਸ ਪੱਤਰ ਨੂੰ ਪੜ ਸਕਦੇ ਹੋ? ਤੁਸੀਂ **1-800-300-1506** 'ਤੇ ਕਾਲ ਕਰ ਸਕਦੇ ਹੋ ਅਤੇ ਇਸ ਪੱਤਰ ਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿਚ ਜਾਂ ਕਿਸੇ ਹੋਰ ਸਰੂਪ ਵਿਚ, ਜਿਵੇਂ ਕਿ ਵੱਡੇ ਪਰਿੰਟ ਲਈ ਪੁੱਛ ਸਕਦੇ ਹੋ। ਟੀਟੀਟਾਈ ਲਈ **1-888-889-4500** 'ਤੇ ਕਾਲ ਕਰੋ ਜਿੱਥੇ ਕਿ ਤੁਸੀਂ ਇਸ ਪੱਤਰ ਦੇ ਵਿਕਲਪਕ ਰੂਪ ਵਿਚ ਸਰੂਪ ਲਈ ਬੇਨਤੀ ਵੀ ਕਰ ਸਕਦੇ ਹੋ। **(Punjabi)**

สำคัญ: คุณสามารถอ่านจดหมายฉบับนี้ได้หรือไม่ คุณสามารถติดต่อได้ที่เบอร์ **1-800-300-1506** เพื่อขอให้แปลจดหมายฉบับนี้เป็นภาษาของคุณ หรือขอเปลี่ยนแปลงรูปแบบตัวอักษรให้เป็นรูปแบบอื่น เช่นตัวอักษรขนาดใหญ่ สำหรับระบบ TTY คุณสามารถติดต่อได้ที่เบอร์ **1-888-889-4500** ซึ่งคุณสามารถขอจดหมายฉบับนี้ในรูปแบบอื่น ๆ ได้ **(Thai)**

