



MA1099HC
PO Box 740800
Atlanta, GA 30374

012IMBSTDARDBW0012009-20432-01
ASHA LATHA SURAMPALLI
11500 MACALPINE CT APT 722
GLEN ALLEN VA 23059-5566



January 11, 2023

Dear UnitedHealthcare Member,

As part of the 2006 Massachusetts Health Care Reform Bill, as of 2010, all Massachusetts residents 18 years and older are required to be covered by a Minimum Creditable Coverage (MCC) health insurance plan. This legislation is part of a larger Massachusetts plan to reduce the number of people without health insurance and improve the cost and quality of health care.

The attached Form MA 1099-HC indicates whether or not the plan you were enrolled in was Minimum Creditable Coverage (MCC) compliant and what months you were covered. The tax document will list you, your spouse and any dependent over the age of 17. You may receive more than one Form MA 1099-HC if you were covered by other carriers or changed your name due to marriage. Failure to provide the Form MA 1099-HC could result in a penalty assessed by the Massachusetts Department of Revenue.

The attached Form MA 1099-HC confirms you and your dependents, if applicable, were covered under a 2022 medical plan by one of the organizations listed below:

Harvard Pilgrim
Health Plan of Nevada
River Valley/John Deere
Sierra Health and Life
Tufts Freedom Health Insurance Company

UnitedHealthcare
UnitedHealthcare-East
UnitedHealthcare-West
All Savers® Alternate Funding

Please review the attached Form MA 1099-HC and verify the information is correct.

- If the information is correct, please keep this document with your 2022 tax documentation.

- **If the information on this form is incorrect, you must give the correct information to the employer who provides your medical plan benefits.** The employer will notify UnitedHealthcare and we will issue a corrected Form MA 1099-HC. This process may take 30-45 days.
- **If your MA 1099-HC document indicates that you were NOT covered under a MCC compliant plan, please contact your employer to discuss.** A non-MCC compliant plan does not mean you were not insured, it means that you were not covered on a plan that met the requirements set by Massachusetts Department of Revenue.

For more information on this Massachusetts legislation, please visit www.mass.gov and enter Minimum Creditable Coverage in the search feature.

If you have other questions about the Form MA 1099-HC or want to confirm changes were made to your records, please call the member phone number listed on the back of your health plan ID card.

Thank you,

UnitedHealthcare



Form MA 1099-HC
Individual Mandate
Massachusetts Health Care Coverage

2022
Massachusetts
Department of
Revenue

1 Name of insurance company or administrator UnitedHealth Group			2 FID number of insurance co. or administrator 960000161		
3 Name of subscriber ASHA LATHA SURAMPALLI		4 Date of birth 12JUN1986	5 Subscriber number 00623456500623456500		
6 Street address 11500 MACALPINE CT APT 722		7 City/Town GLEN ALLEN	8 State VA	9 Zip 230595566	
Full-year minimum creditable coverage? If No, check months with minimum creditable coverage: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Jan. <input type="checkbox"/> Feb. <input type="checkbox"/> Mar. <input type="checkbox"/> Apr. <input checked="" type="checkbox"/> May <input checked="" type="checkbox"/> June <input checked="" type="checkbox"/> July <input checked="" type="checkbox"/> Aug. <input checked="" type="checkbox"/> Sept. <input checked="" type="checkbox"/> Oct. <input checked="" type="checkbox"/> Nov. <input checked="" type="checkbox"/> Dec. Corrected: N					
a. Name of dependent VENKATA RAMA BANDI		Date of birth 04AUG1982	Subscriber number 00623456500623456500		
Full-year minimum creditable coverage? If No, check months with minimum creditable coverage: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Jan. <input type="checkbox"/> Feb. <input type="checkbox"/> Mar. <input type="checkbox"/> Apr. <input checked="" type="checkbox"/> May <input checked="" type="checkbox"/> June <input checked="" type="checkbox"/> July <input checked="" type="checkbox"/> Aug. <input checked="" type="checkbox"/> Sept. <input checked="" type="checkbox"/> Oct. <input checked="" type="checkbox"/> Nov. <input checked="" type="checkbox"/> Dec. Corrected: N					
b. Name of dependent		Date of birth	Subscriber number		
Full-year minimum creditable coverage? If No, check months with minimum creditable coverage: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Jan. <input type="checkbox"/> Feb. <input type="checkbox"/> Mar. <input type="checkbox"/> Apr. <input type="checkbox"/> May <input type="checkbox"/> June <input type="checkbox"/> July <input type="checkbox"/> Aug. <input type="checkbox"/> Sept. <input type="checkbox"/> Oct. <input type="checkbox"/> Nov. <input type="checkbox"/> Dec. Corrected:					
c. Name of dependent		Date of birth	Subscriber number		
Full-year minimum creditable coverage? If No, check months with minimum creditable coverage: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Jan. <input type="checkbox"/> Feb. <input type="checkbox"/> Mar. <input type="checkbox"/> Apr. <input type="checkbox"/> May <input type="checkbox"/> June <input type="checkbox"/> July <input type="checkbox"/> Aug. <input type="checkbox"/> Sept. <input type="checkbox"/> Oct. <input type="checkbox"/> Nov. <input type="checkbox"/> Dec. Corrected:					
d. Name of dependent		Date of birth	Subscriber number		
Full-year minimum creditable coverage? If No, check months with minimum creditable coverage: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Jan. <input type="checkbox"/> Feb. <input type="checkbox"/> Mar. <input type="checkbox"/> Apr. <input type="checkbox"/> May <input type="checkbox"/> June <input type="checkbox"/> July <input type="checkbox"/> Aug. <input type="checkbox"/> Sept. <input type="checkbox"/> Oct. <input type="checkbox"/> Nov. <input type="checkbox"/> Dec. Corrected:					
e. Name of dependent		Date of birth	Subscriber number		
Full-year minimum creditable coverage? If No, check months with minimum creditable coverage: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Jan. <input type="checkbox"/> Feb. <input type="checkbox"/> Mar. <input type="checkbox"/> Apr. <input type="checkbox"/> May <input type="checkbox"/> June <input type="checkbox"/> July <input type="checkbox"/> Aug. <input type="checkbox"/> Sept. <input type="checkbox"/> Oct. <input type="checkbox"/> Nov. <input type="checkbox"/> Dec. Corrected:					
f. Name of dependent		Date of birth	Subscriber number		
Full-year minimum creditable coverage? If No, check months with minimum creditable coverage: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Jan. <input type="checkbox"/> Feb. <input type="checkbox"/> Mar. <input type="checkbox"/> Apr. <input type="checkbox"/> May <input type="checkbox"/> June <input type="checkbox"/> July <input type="checkbox"/> Aug. <input type="checkbox"/> Sept. <input type="checkbox"/> Oct. <input type="checkbox"/> Nov. <input type="checkbox"/> Dec. Corrected:					
g. Name of dependent		Date of birth	Subscriber number		
Full-year minimum creditable coverage? If No, check months with minimum creditable coverage: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Jan. <input type="checkbox"/> Feb. <input type="checkbox"/> Mar. <input type="checkbox"/> Apr. <input type="checkbox"/> May <input type="checkbox"/> June <input type="checkbox"/> July <input type="checkbox"/> Aug. <input type="checkbox"/> Sept. <input type="checkbox"/> Oct. <input type="checkbox"/> Nov. <input type="checkbox"/> Dec. Corrected:					
h. Name of dependent		Date of birth	Subscriber number		
Full-year minimum creditable coverage? If No, check months with minimum creditable coverage: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Jan. <input type="checkbox"/> Feb. <input type="checkbox"/> Mar. <input type="checkbox"/> Apr. <input type="checkbox"/> May <input type="checkbox"/> June <input type="checkbox"/> July <input type="checkbox"/> Aug. <input type="checkbox"/> Sept. <input type="checkbox"/> Oct. <input type="checkbox"/> Nov. <input type="checkbox"/> Dec. Corrected:					