



WILL LIGHTBOURNE  
DIRECTOR

State of California—Health and Human Services Agency  
Department of Health Care Services



GAVIN NEWSOM  
GOVERNOR

Dear Medi-Cal Beneficiary:

**Notice: Medi-Cal beneficiaries will receive IRS Form 1095-B.**

The Affordable Care Act (ACA) requires most people to have health coverage that meets certain minimum standards, also called minimum essential coverage (MEC). California Senate Bill 78, chaptered into law in 2019, also requires most California residents to have MEC or pay a penalty to the state. These laws requiring health care coverage are also referred to as the “Individual Mandate” or the “Health Care Mandate”. MEC includes individual market policies, job-based coverage, Medicare, Medi-Cal, Supplemental Security Income (SSI), California Work Opportunity and Responsibility to Kids (CalWORKs), Covered California plans, TRICARE, and certain other coverage. Most Medi-Cal coverage is considered MEC.

As a result, the Department of Health Care Services (DHCS) will issue Internal Revenue Service (IRS) Tax Form 1095-B (Form 1095-B) to all Medi-Cal beneficiaries by January 31<sup>st</sup> of each year. The Form 1095-B will show your Medi-Cal coverage and can be used to verify that you had MEC during the previous calendar year. You can use this information to complete your state and/or federal income tax returns. DHCS will also send this information to the IRS and the Franchise Tax Board (FTB).

DHCS will issue one Form 1095-B to every adult or child who received Medi-Cal during the previous calendar year. This means you may receive multiple forms if other people in your family are also covered under Medi-Cal or Covered California.

If you receive Medi-Cal or CalWORKs through the county, please contact your county human services agency to report changes to your address, income, or family size to ensure your Form 1095-B contains the correct information. To find contact information for your county human services agency, please visit DHCS’ County Offices webpage at: <http://dhcs.ca.gov/COL>.

**Important for SSI recipients:** If your Medi-Cal is provided through SSI, please contact the Social Security Administration at <https://secure.ssa.gov/ICON/main.jsp> to report any changes. Failure to report changes may result in delays and inaccurate information on your Form 1095-B.

If you have any questions about this notice, or if you need additional information regarding Form 1095-B, visit DHCS’ Form 1095-B website: <http://dhcs.ca.gov/1095> or call the Medi-Cal 1095-B Helpline at 1-844-253-0883 or TTY: 1-844-357-5709.

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