



## Frequently Asked Questions

### Minimum Essential Coverage for California Individual Mandate Law

#### 1. What are the “Individual Mandate” and “Minimum Essential Coverage”?

Most people in California are required to have health coverage. If you do not have health coverage you may have to pay a tax penalty. This is called the “individual mandate.”

A person meets the individual mandate if they have health coverage that meets the definition of “Minimum Essential Coverage.” Federal and California law define Minimum Essential Coverage the same way.

The following types of health coverage qualify as Minimum Essential Coverage:

- Any health plan purchased through Covered California, the state’s Health Insurance Marketplace
- Individual health plans purchased outside of Covered California (such as coverage purchased from a broker or agent, or directly from a health plan or health insurer);
- Any “grandfathered” individual health plan you have had since March 23, 2010, or earlier
- Coverage provided by an employer or labor union, including retiree plans and COBRA coverage
- Medicare Part A or Part C (Part B coverage by itself does not qualify)
- Most Medi-Cal coverage,
- Dependent coverage under a parent’s health plan
- Some student health plans (check with your school to see if the plan counts as Minimum Essential Coverage)
- Health coverage for Peace Corps volunteers

- Certain types of Veterans' health coverage through the Department of Veterans' Affairs
  - Most TRICARE plans
  - Department of Defense Nonappropriated Fund (NAF) health benefits
  - Refugee Medical Assistance
- 2. What kinds of health coverage do not qualify as Minimum Essential Coverage?**

Some products that help pay for medical services do not qualify. If you have only this kind of product, you may have to pay the individual mandate penalty.

Examples of products that do not qualify as Minimum Essential Coverage include:

- Coverage only for vision care or dental care
- Workers' compensation
- Coverage only for a specific disease or condition
- Plans that offer only discounts on medical services
- Short-term limited duration coverage

**3. How can I find out if I have or had Minimum Essential Coverage?**

- You can contact your health plan to determine if your coverage qualifies as Minimum Essential Coverage.
- By March 1<sup>st</sup> of every year, Covered California, government agencies, health plans and employers must provide [IRS forms](#) 1095-A, 1095-B, or 1095-C; these forms will tell you how many months during the previous year you were covered under Minimum Essential Coverage. For example, the forms you received early in 2020 will tell you how many months of Minimum Essential Coverage you had in 2019. If you were covered by multiple plans, or different types of Minimum Essential Coverage, you may receive more than one form.