

Question	Answer
Large employer 500+, have several health insurance coverages some self funded some fully insured so who gets it with both sections completed all or only those that are on the self funded coverage? What about retirees both under 65 and over 65?	A: An applicable large employer (50 or more FTEs) offering both fully-insured and self-funded plans will always fill out Parts I and II of the 1095-C for all full-time employees. Part III will be filled out only for those enrolled under the self-funded plan.
100 per month doesn't meet the MV so why is he using code 1E?	<p>A: Minimum value means the plan benefits provide at least a 60% actuarial value and has nothing to do with the amount the employee must pay to participate in the plan.</p> <p>An employer that offers a minimum value plan to employee, spouse and children meets the requirements of Code 1E. This code doesn't indicate one way or the other whether the coverage offered is affordable. If the employee contribution is \$93.18/month or less, the employer also meets the federal poverty level safe harbor and therefore meets the definition of a "qualifying offer" and can use Code 1A instead. In other words, if the monthly employee contribution is more than \$93.18, that doesn't necessarily mean it's unaffordable, but rather it doesn't meet the federal poverty level safe harbor and therefore the employer in such case should use Code 1E.</p>
1094-C: If a full-time EE is hired and then leaves before they finish their waiting period, do they count against you in terms of figuring if you offered to 95% of your f/t employees or not?	A: Those employees that are in an initial measurement period or a waiting period (a limited non-assessment period) ARE NOT considered for purposes of determining whether or not the employer offers coverage to 95% of full-time employees in Column (a) of Form 1094-C.
1095-C for a self funded insured company that picks up the costs, will that be a \$0.00 amount, since the employee does not have to pay anything for themselves?	A: Whether the employer offers a fully-insured or self-funded plan, if the employer pays 100% of the premium, the employee contribution listed on Line 15 would be \$0.00. However, \$0.00 is obviously less than \$93.18 (a qualifying offer in 2015), so the employer could use code 1A in line 14 and not make any entry in line 15.
1A on line 14 applies to our company but we only offer employee and child coverage. Do I use 1c on line 14?	A: Yes, that's correct. It's only a "qualifying offer" (Code 1A) if coverage is available to the employee, spouse and dependents.

<p>9.5% of FPL? We were instructed that it had to be <9.5% of our lowest paid employee. Did we get inaccurate information?</p>	<p>A: Setting monthly employee contributions based on 9.5% of federal poverty level is just one of the safe harbors available to employers to ensure the coverage is considered affordable for the employer requirements only. Generally a plan is considered affordable if the employee contribution for single (employee-only) coverage does not exceed 9.56% of the employee's household income. Because an employer is unlikely to know the employee's household income, the IRS provided 3 optional affordability safe harbors. A description of each is below:</p> <ul style="list-style-type: none"> • <u>Rate of Pay Safe Harbor</u> – An employer can take the hourly rate of pay for each hourly employee and multiply that rate by 130 hours per month to determine a monthly “rate of pay.” The employee's monthly contribution amount (for the self-only premium) is affordable if it is equal to or lower than 9.5% of this computed monthly wage estimate, regardless of the number of hours the person actually works or is paid in the month. NOTE – this safe harbor is not generally available for employees that are “tipped” or for employees that work solely based on commissions. • <u>Federal Poverty Line Safe Harbor</u> - An employer may also rely on a design-based safe harbor using the Federal Poverty Level (FPL) for a single individual. Coverage offered to an employee is affordable if the employee's cost for self-only coverage does not exceed 9.5% of the FPL for a single individual (i.e. approx. \$93/month). • <u>Form W-2 Safe Harbor</u> – Application of this safe harbor is determined after the end of the calendar year, taking into account the employee's annual W-2 wages (as reported in Box 1) and the employee contribution for the full calendar year for the employer's lowest-cost self-only coverage that provides minimum value. So, for example, the employer would have to base affordability off an estimate for the year and then determine whether it met the affordability safe harbor for 2015 for an employee by looking at that employee's W-2 wages for 2015 (as reported in Box 1) and comparing 9.5% of that amount to the employee's required 2015 contribution. To use this method, an employee's required contribution must remain a consistent amount or a consistent percentage of all Form W-2 wages during the year. <p>Subsidy eligibility will always be based off household income. However, if an individual qualifies for a subsidy because the employee contribution is deemed unaffordable using household income, but the employer can show that the coverage is affordable using one of the safe harbor methods, the employer doesn't need to worry about a penalty under 4980H(b).</p>
<p>ALE Self-Funded COBRA - an employee was employed for more than 1 month then goes on COBRA, are both 1095-C & 1095-B required</p>	<p>A: No. The 1095-C could be used to report all necessary information. On Line 14 of Part II, the employer would use the applicable offer code for the months of employment, and then use Code 1G for any months the individual is enrolled in COBRA. In Part III, the employer would mark months covered either as an employee or as a COBRA participant under the self-funded plan.</p>
<p>Are HRAs considered self-funded?</p>	<p>A: HRAs are technically considered self-funded plans; however an HRA integrated with a major medical plan with the same plan sponsor can disregard the HRA for purposes of employer reporting. Therefore, it is not generally necessary to do any reporting for an HRA.</p>
<p>Are these 1095-C forms sent to only the employee or also to each dependent covered under the employee's plan?</p>	<p>A: Form 1095 (B or C) is sent only to the employee and/or primary subscriber.</p>

Are Tribal large employers required to report?	A: Yes. Generally all employers with 50 or more full-time equivalents (FTEs) are required to report. There are no special exceptions for non-profits, governmental organizations or tribal governments.
assuming you need to provide to summer interns that aren't eligible for benefits	A: For any employees that are considered full-time (using either the monthly measurement method or the look-back measurement method) for at least one month during the year, a 1095 must be provided; regardless of whether or not the employee was actually offered coverage.
But if employee is FT only 1 month but has a waiting period of 60 days then there was no offer. Do you fill anything out?	A: Yes. For any employees that are considered full-time (using either the monthly measurement method or the look-back measurement method) for at least one month during the year, a 1095 must be provided; regardless of whether or not the employee was actually offered coverage.
Can you list multiple codes on any line?	A: No. Only 1 code can be entered on Line 14 and Line 16 of the 1095-C.
can you please repeat the 1095-B is okay for COBRA if we're an ALE fully insured?	<p>A: Applicable large employers (50 or more FTEs) with a fully-insured plan will only need to use Forms 1094-C and 1095-C. The employer will complete only Parts I and II of the 1095-C for each employee and will leave Part III blank. Information for those actually covered under the plan will be provided by the carrier/insurer.</p> <p>On the other hand, an applicable large employer with a self-funded plan will use Forms 1094-C and 1095-C for employees, but may choose to use Forms 1094-B and 1095-B to report on coverage for non-employees. Employers offering a self-funded plan have the option to report using the "C" forms or the "B" forms for coverage of any non-employees.</p>
Code 1G indicates self-funded offered to part-time EE or non-employee. If the employee is PT, then you wouldn't need to provide them with a 1095C, correct? Not sure why this code would even be used if you don't need to complete a 1095C for a part-time employee???	<p>A: It is not necessary to report any offer of coverage information in regards to part-time employees, but it is necessary to report for any individuals actually covered under a self-funded plan.</p> <p>Therefore, if the employer chooses to offer coverage to part-time employees, Code 1G is used on Line 14 of Part II (nothing needed on Line 15 or 16) and then Part III is completed indicating which months the individual was actually covered under the self-funded plan.</p>
Currently we are in a fully insured plan but are considering going to a self insured plan. Our insurance renews the first of June. Would we have changes to our reporting requirements? How would we report the change?	A: The only difference is that for a portion of the year (when the plan is self-funded), the employer would need to also report on individuals actually enrolled in the plan. Generally the employer will use Part III of the 1095-C for this. Under a fully-insured plan, Part III is left blank.
Do they work on a calendar year or plan year? Our renewal is in August so do I not report until 8/17?	A: Reporting will always be required on a calendar year basis regardless of the employer's plan year. For the first year, employers that meet the non-calendar year transition relief criteria will use Code 2I for any months prior to plan year renewal to indicate that no penalty should apply. However, reporting will still be required for the full year.
do you put 1H if someone's coverage starts sometime during the month	A: Yes. 1H is the correct code to be used on Line 14 of the 1095-C unless an offer of coverage was available for every day during the month.
Does a fully-insured ALE have to report on COBRA participants who were on COBRA for the entire calendar year?	A: If the employer offers a fully-insured plan, then NO. If the employer offers a self-funded plan, it will be necessary to provide a Form 1095-B or 1095-C indicating which months the individual was enrolled under the self-funded plan.

Does a fully-insured ALE need to provide a 1095-C to employees that are NOT full-time, but are covered under their plan (e.g., ER offers coverage to employees working 20+ hours per week)?	A: No. An applicable large employer is only required to provide a 1095-C to those that are full-time for at least one month during the year. The carrier/insurer will provide a 1095 to all those that are actually covered under the plan, including part-time employees.
Does an offer fall under a Qualifying Offer if it's just offered to the employee? Or does coverage also need to be available for the employee's family?	A: No. A "qualifying offer" by definition is one that provides minimum value coverage to the employee that is affordable using the federal poverty level (FPL) safe harbor, as well as an offer of coverage to spouses and children.
Does the headcount of FT exclude those that were termed while still in waiting period?	A: For purposes of determining whether coverage was offered to at least 95% of full-time employees in Column (a) of Form 1094-C, it is not necessary to consider any employees in an initial measurement period or waiting period. However, a 1095-C must be provided to any employee considered full-time for at least one month during the year, even if they are in a waiting period during that time.
Employees can only enroll at eligibility date and open enrollment -- do we still put they are offered coverage every month even though they can't enroll?	A: Generally, yes. The employer shared responsibility rules under Section 4980H require that an offer of coverage be made at least once annually. If an offer of coverage is made during open enrollment and/or upon initial eligibility, the employer is considered to have made an offer of coverage for the year.
for 1095b....what about retirees who pay 100% for their coverage, no subsidy from employer?	A: Regardless of whether an individual is required to contribute toward the cost of coverage, all plans must report as to which individuals are covered under the plan for purposes of enforcing the individual mandate. If it is a fully-insured plan, the carrier/insurer will take care of the reporting on covered individuals (including retirees). If it is a self-funded plan, the employer or plan sponsor is responsible.
For 2015 we are using the 70% rule. We are offering coverage to our 550 forty hour f/t employees but not to our 57 thirty-thirty nine hour employees and still fall well within the 70% rule (which we know is only going to work in 2015.) Do we need to report on those 57 eligible employees who we are not offering coverage to since we meet the 70 with our 40 hour f/t employees?	A: Yes. The employer will be able to check the "yes" box in Column (a) of Form 1094-C because the employer is offering coverage to 70% of its full-time employees, but that doesn't excuse the employer from reporting on those full-time employees that were not offered coverage. The employer is required to provide a 1095-C for all employees that are considered full-time for at least one month during the year based on the Section 4980H definition of full-time (averaging 30 or more hours of service per week or 130 per month).
For line #16, is code 2D used for variable hour employees in an IMP?	A: Yes. Code 2D is used both for employees in an initial measurement period and those in a waiting period.
For line #16, should a non-calendar year plan use 2L for the months before their plan year begins for all FT employees or should they use 2C if they are enrolled?	A: 2C always applies over any other applicable code on Line 16 of Form 1095-C. Therefore, if the individual enrolled, use 2C. On the other hand, if the individual was not offered coverage for the months prior to the employer's plan year renewal, use Code 2L.
For Line 15, do we need to complete the 12 months if the rate changes mid-year?	A: Yes. Unless the amount is the same for all 12 months, it is necessary to provide the amount each of the 12 months.
For small employer self-funded plan -- do we report on all employees - FT and PT?	A: Yes. Employers with less than 50 full-time equivalents (FTEs) offering a self-funded plan must provide a 1095-B to all covered individuals, including both employees and non-employees. Spouses and children must also be listed.
For the information regarding "qualifying offer" - how does this affect us if we also extend coverage to dependents and spouses; but the Employee is essentially responsible for paying for their premiums at 100%?	A: A "qualifying offer" requires that minimum value, affordable (based on federal poverty level safe harbor) coverage is offered to the employee and that at least minimum essential coverage is offered to the spouse and children. The coverage offered to the spouse and children doesn't need to be affordable.

Full time seasonal, temporary employees should be included then?	A: Yes. If the employer is using the monthly measurement method, any employee that achieves 130 or more hours of service during the month is considered full-time, including seasonal and/or temporary employees. However, if the employer is using the look-back measurement method, it may be able to prevent certain variable hour and seasonal employees from earning full-time status by averaging their hours of service over up to a 12-month measurement period.
Getting a bit ahead: we operate as a controlled group with 9 EINs. Will we need to file 9 1094s?	A: Generally, yes. All entities within a controlled group (based on Section 414 rules) are required to report separately on their own full-time employees.
how do you report a terminated employee in a fully insurance plan who elects COBRA?	A: For the months in which the employee is no longer an employee, the employer would use Code 1H on Line 14 of Form 1095-C and Code 2A on Line 16. The carrier/insurer will take care of reporting that the individual continued to be covered under the fully-insured plan as a COBRA participant.
I believe you already answered this, but if you offer two plans and one of them falls below the \$93.18/mo, we would choose 1A as the coverage code even if the employee chose the higher plan?	A: Correct.
i want to make sure I understand- we have to indicate we offered coverage all the months; even though the employee did not accept the coverage in the beginning?	A: Yes. For purposes of complying with the employer shared responsibility rules under Section 4980H, applicable large employers must offer coverage each month to full-time employees. The employer is off the hook so long as an offer of coverage is made; it doesn't matter whether the employee actually accepts or declines the offer. And the rules indicate that an offer of coverage made at least once annually is good for the year; for example, if the employer makes an offer of coverage during open enrollment and the employee waives, the employer is considered to have made an offer of coverage for all 12 months.
If a payroll service processes the W2 forms each year to our employees will they also do the 1095-B forms too? We are ALE.	A: Maybe. It will be necessary to discuss with current vendors whether or not they plan to handle Form 1094 and 1095 reporting on your behalf.
If average is over a six month period of time to determine FT, yet still required to report month by month for reporting purpose, what is the advantage /penalty when one month equals FT but the average hours over 6months is not equal to FT	A: For employers using the look-back measurement method, the previous measurement period will determine an employee's status for the full stability period. So for example, if an employee is measured for 6 months and determined to be part-time (even if full-time for a month or two during that measurement period), the employee is then treated as part-time for a 6-month stability period.
If employees are only eligible for a MEC plan and not a MV plan that does not prevent them from getting the subsidy, correct?	A: Correct.
if I am part of control group and other company has less than 50 FTE - do they need to fill out the forms?	A: When counting full-time equivalents (FTEs) to determine status as an applicable large employer, all entities within a controlled group are combined. Therefore, if together, the entities have 50 or more FTEs, then each entity is considered an applicable large employer subject both to the employer shared responsibility rules under Section 4980H and the reporting requirements on Forms 1094-C and 1095-C.

If I have a wellness and non wellness single rate, do I have to put the non-wellness rate in line 15 of the 1095, even if the individual had wellness rate?	A: Affordability is determined based on the employee contribution for the non-wellness rate (assuming the employee fails to satisfy the wellness criteria), unless the wellness incentive is tobacco-related. Therefore, in most cases, the higher non-wellness employee contribution should be listed on Line 15 of Form 1095-C.
If our low cost plan meets 1A code and employee doesn't take coverage - do we put any code in 16?	A: No. If the employer uses Code 1A on Line 14 of Form 1095-C, nothing is needed in Line 16 unless the employee actually enrolls (Code 2C).
If our MV coverage EE cost is \$1 per month, and an employee waives coverage do we report \$1 in Line 15 or \$0?	A: \$1. Regardless of whether an employee actually enrolls or waives the coverage offered, the employer lists the employee contribution required to participate in the lowest cost minimum value option available.
If our union employees are getting their health insurance through the union, do we still report that we "offered" them insurance?	A: Yes. Applicable large employers are required to report on all full-time employees, including union employees. If the employer contributes to a union plan on behalf of the employee and has knowledge that the union plan provides minimum value and is affordable, the employer is considered to have made an offer of coverage.
If the employee was in a 12-month measurement period during the calendar year does the employer report 2B for those measurement months?	A: If the employee is in an initial measurement period all 12 months, then no reporting is required. However, if it is only for a portion of the year and the employee is considered full-time for the other portion of the year, then the employer would use Code 1H on Line 14 and Code 2D on Line 16 for those months the individual is in the initial measurement period.
If they turned down coverage do you enter 1F?	A: Only if the employer made an offer of minimum essential coverage (MEC). Regardless of whether an employee actually enrolls or waives the coverage offered, the employer uses the applicable Code on Line 14 for the type of coverage offered.
If we offer lowest cost plan to two different groups at different rates, do we have to use the rate that applies to each or the lowest overall rate (even though that rate does not apply to them)?	A: When reporting on Line 15 of Form 1095-C, it should be the employee contribution required for the lowest cost minimum value option offered to that particular full-time employee. In other words, if there are 3 different plan options, but only 2 are available to a particular full-time employee, list the employee contribution for the lowest cost minimum value option between those 2.
If we offer the MEC to all qualifying employees and they still go to the exchange, will we be assessed a penalty?	A: By offering at least a MEC plan to full-time employees, the employer will avoid any potential penalty under 4980H(a), which is the bigger penalty (multiplied against total full-time employee count). However, if the coverage is not minimum value or is not affordable, the employer could still be liable for a penalty under 4980H(b) for any full-time employee that actually enrolls through a public Exchange and qualifies for a tax subsidy (\$250/month).
If you enter 1A, do you have to complete line 15?	A: No, It is only necessary to put in an employee contribution amount on Line 15 if Codes 1B, 1C, 1D, or 1E are used on Line 14 of Form 1095-C.
I'm confused about using Code 1A or 1E. If we figure the MV on SINGLE coverage what does it matter what the cost to dependents is?	A: 1E requires that a minimum value offer of coverage be made to the employee and at least minimum essential coverage (MEC) be offered to the spouse and children. There are no affordability requirements for Code 1E. Code 1A, on the other hand, is a higher threshold. In addition to the requirements listed for Code 1E, to use Code 1A, the employee contribution for single coverage must be affordable based on the federal poverty level safe harbor (\$93.18/month or less).
Is the 130 hours based on worked hours only or paid hours that includes like PTO time?	A: "Hours of service" generally include all time for which payment is made or due, including things such as holidays, sick pay, personal time off, etc.
Just to confirm, Small Employer Self-Funded Plan - we will not issue 1094-C's	A: Correct. An employer with less than 50 full-time equivalents offering a self-funded plan will use Forms 1094-B and 1095-B.

Might be a dumb question but what do you do when the medical plan is age rated? how do you give ee cost for single coverage on lowest cost plan?	A: It is always necessary to list the lowest cost option applicable to each particular full-time employee. For employers using composite rates, it will be fairly easy and typically the same amount for all full-time employees. On the other hand, employers using age rates will likely have different amounts for employees based on their age bracket.
on NEW HIRE example, you coded 1E, so why don't you have to tell in line 16 that affordability code? like 2F or 2H? since they did not elect...	A: If the employer used an affordability safe harbor, it should be entered on Line 16. However, if the employer did not, it is okay to leave Line 16 of Form 1095-C blank.
Our employee monthly rate is easily below the \$93.18/mo. but cost for spouse is higher. So if my employee signs up for EE + Spouse, I still put 1A b/c cost for EE easily meets the \$93.18 threshold even though pays spouse cost of \$400/mo.	A: Correct. Affordability only considers the employee contribution required for single (employee-only) coverage.
Our health plan is paid for our employees 100% by us to the UNION whose plan it is (and it is a self funded plan)...does that mean we report as a self funded plan?	A: No. The employer will need to provide a 1095-C with Parts I and II completed for each union employee that is full-time for at least one month during the year, but the union plan sponsor will report as to which individuals are actually covered under the union plan. Note, the employer may have the union plan administrator help with Parts I and II of the reporting as well, but ultimately if the reporting in Parts I and II of Form 1095-C are not completed, the employer would be the one held responsible.
Please explain where the \$93.18 per month came from again	A: 2015 mainland federal poverty level for the individual is \$11,770. The calculation is $\$11,770 / 12 \times .095 = \93.18 .
What is the FPL for Alaska?	A: Although the federal poverty level (FPL) is higher for Alaska and Hawaii, the mainland FPL is always used for purposes of determining whether a qualifying offer is made. The following link provides information as to FPLs for 2015 - https://www.healthcare.gov/glossary/federal-poverty-level-FPL/
RE HRA. Can you ignore if employer has a HRA with an insured medical? No part III required in 1095-C?	A: Generally, yes. Reporting is not required for HRAs integrated with a medical plan with the same plan sponsor. Therefore, if the medical plan is fully-insured, coverage information will be taken care of by the carrier/insurer.
Re the 98% requirement, we have a number of full-time, seasonal/temporary workers (summer) whom we don't offer coverage to. Must we count them toward the 98% requirement?	A: Yes. When considering the 98% offer method, the employer must have offered coverage to 98% of all full-time employees, including any seasonal or temporary employees that may be considered full-time depending upon the employer's method of determining full-time status.
Regarding Line 14 form 1095-c - if we are contributing to a multiemployer union plan and the employee has no cost, i.e. the full cost is funded by the employer; we should be using code 1A and not code 1E?	A: Yes, so long as coverage is also offered to the spouse and children.
so does the method by which you determine who is a FTE need to be stated in writing somewhere?	A: No. Whether the employer uses the monthly measurement method or the look-back measurement method to determine full-time status will not be reported anywhere on Form 1094-C or 1095-C. However, the employer will want to have documentation in place in case of an audit to be able to show that it correctly treated its employees as part-time and full-time as reported.
So if we have a temporary employee who is full time and we don't offer medical benefits to temporary employees, would we use the 1H code?	A: Yes, that's correct.

The ACA indicates we can use the first month of employment as a orientation period. The waiting period is then 60 days following completion of the orientation period. What code would be on line 16 for the orientation period?	A: It would be necessary to use Code 1H on Line 14 and Code 2D on Line 16 of Form 1095-C for time during the orientation period and the waiting period as these are both part of the limited non-assessment period allowed when an employee is first eligible for the plan.
we have a few groups that kept their old plan and it does not meet minimum value even though it is affordable. How should they answer line 15?	A: If the employer does not offer a minimum value plan (and therefore uses Code 1F on Line 14 of Form 1095-C), it is not necessary to complete Line 15.
We have 1 plan and we pay 100% of their insurance they only pay for dependents, I would put zero for line 15 for everyone enrolled?	A: So long as the coverage is offered to spouses and children, this would be considered a "qualifying offer" and the employer would use Code 1A on Line 14 of Form 1095-C. And nothing would be required for Line 15 as Line 15 is only completed when Codes 1B, 1C, 1D or 1E are used on Line 14.
We have a self funded plan, but our TPA processes claims, and manages enrollments... where does the responsibility lie for the reporting requirements?	A: The reporting responsibility falls on the plan sponsor (typically the employer for a self-funded plan), but the employer could certainly set up arrangements to have the reporting handled by the TPA. Ultimately, if the TPA failed to do the reporting, the employer would be held responsible.
We have one plan but have tier premiums based on hourly wage - how would this effect reporting.	A: The employer would use the same offer code on Line 14 of Form 1095-C for all eligible full-time employees, but the employee contribution entered on Line 15 will need to be specific to each particular employee based on their hourly wage.
We have three companies in an aggregated group. 1 has less than 25 employees, 1 has less than 50, and 1 has just over 100. All 3 companies have to fill out 1095c	A: Yes. If the 3 companies are considered a controlled group or affiliated service group under Section 414 rules, and together they have 50 or more full-time equivalents (FTEs), then each company is required to do the reporting for its full-time employees.
What about agency personnel? Is employer required to provide the 1095s or agency?	A: If a staffing agency is involved, it depends upon who is the common law employer. The common law employer is responsible for offering coverage and reporting on any of its full-time employees.
What about seasonal employee who work full time for the summer (like students) who are normally non-benefitted?	A: It will depend upon which method the employer uses to determine full-time status. Under the monthly measurement method, any employee that achieves 130 or more hours of service per month is considered full-time. On the other hand, employers that use the look-back measurement method are able to average hours of service over up to 12 months and will therefore almost never have to treat seasonal employees as full-time.
what codes are used if employment/coverage begins mid-month? (No waiting period)	A: If coverage is not available for the whole month, it is not considered an offer of coverage and Code 1H should be used on Line 14 of Form 1095-C. However, on Line 16, Code 2D can be used to indicate the employee is in a limited non-assessment period and a penalty should not be assessed.
what form for small employer fully insured?	A: Small employers (less than 50 FTEs) offering only a fully-insured plan are excused from all reporting requirements.
What happens with dual coverage with same employer?	A: It is not necessary to indicate which plan an individual is enrolled in. It is only necessary to check the boxes for the months in which individuals are covered under a plan. Therefore an employee covered under more than one plan of the same employer will be treated the same as an employee covered under just one plan.
What happens with grandfathered plans?	A: Grandfathered plans are subject to the employer shared responsibility rules and the employer reporting obligations.

What if you are a ALE and have a FI Management only plan and a SF MEC plan for all other ee's	A: In Part II of Form 1095-C it will be necessary to use a different offer code in Line 14 for those that are offered a minimum value plan (i.e. .management) versus those employees that are offered only a MEC plan. In part III of Form 1095-C it will be necessary to report coverage information only for those enrolled in the self-funded MEC plan; the carrier/insurer will report on those covered under the fully-insured plan.
What if you have a fully insured medical plan and a self funded dental, does the reporting only apply to medical plans?	A: Yes. In general, employer reporting requirements apply only to medical plans.
What line 16 code would be appropriate if the employee is eligible, was offered coverage, but they didn't enroll?	A: For purposes of the information being captured in Part II of Form 1095-C, the IRS is only concerned with whether or not coverage was offered. So long as coverage is offered to full-time employees, no penalty will apply, regardless of whether or not the employee accepts or waives the coverage. Therefore, if the employee was offered coverage and waived, the only reason an employer might still put a code on Line 16 would be to indicate to the IRS that it used one of the affordability safe harbors.
What timeline do you have to get the 1095's completed?	A: 1095s need to be distributed to full-time employees and covered individuals no later than January 31st each year. Both the 1094 and all 1095s need to be reported to the IRS by the end of February, or by March 31st if filing electronically. These are the same timelines applicable to W-2 reporting.
Will employers be able to submit the reports electronically?	A: Yes. Employers that file 250 or more 1095s are actually required to file electronically.
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