

ACA Compliance SuiteSM

by  businessolver[®]



CONFIGURE



APPLY



COMMUNICATE



MEASURE



REPORT

ACA  StatusTrackerSM
by  businessolver[®]

6055/6056 Reporting
by  businessolver[®]

Exchange Notice
by  businessolver[®]

ACA Compliance SuiteSM

by  businessolver[®]

**Options built to support
your specific ACA-related
needs**

ACA  StatusTrackerSM
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6055/6056 Reporting
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Exchange Notice
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Businessolver[®] strongly believes that part of our mission as a benefits administration partner is to help our clients navigate the changing legislative environment. That mission includes helping our clients understand and respond to the often confusing requirements of the Affordable Care Act (ACA). The first step in delivering on that promise is understanding the law and how we can support compliance for our clients.

It's likely more changes will be required over the coming years; the flexibility of our solution and our Agile product development model allows us to implement updates easily and quickly. Given the fluctuations in the ACA's (and other legislation) requirements, this nimbleness allows us to implement the actual requirements and avoid costly and time-consuming cycles of release-rework-release. This approach means that we can regularly evaluate and prioritize all potential system enhancements, whether they are dictated by legislative requirements or client needs.

BUSINESSSOLVER: A SINGLE SOLUTION



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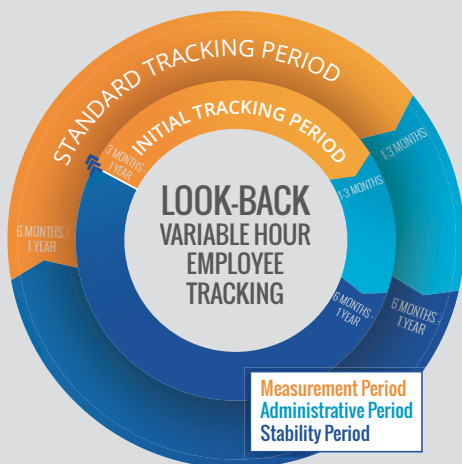
The Businessolver ACA Compliance SuiteSM brings the power of three ACA compliance solutions together with an industry-leading benefits technology to deliver a single solution. ACA Compliance Suite's flexibility allows you to choose the pieces required to help you maintain compliance – now and into the future.

Let Businessolver's technology help you deliver a benefits program that meets your strategic goals AND maintains compliance.

EXPERIENCE YOU CAN COUNT ON

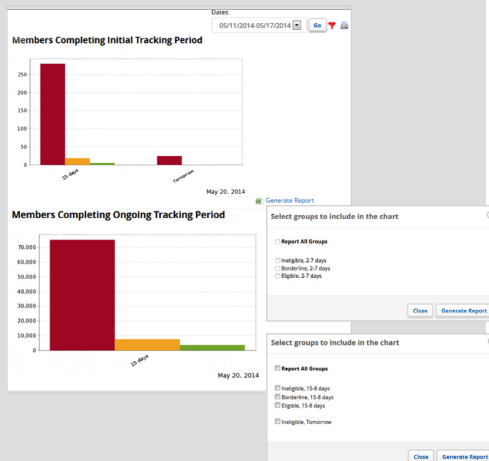
Businessolver has been helping large, complex employers manage compliance and determine employee benefits eligibility with advanced technology for more than 15 years. When it comes to developing nimble and thoughtful solutions for complex issues, you cannot find a better partner.





- ▶ Configurable measurement setup to support your preferences
- ▶ Manage Initial and Standard Measurement Periods
- ▶ Determine eligibility
- ▶ Apply eligibility directly to member enrollment experience

ACA StatusTrackerSM analytic reporting tracks employee eligibility status and trending.



Employee-level measurement details available within the employee record

Current ACA Eligibility				
Variable Hours	ACA Benefit Eligible	Date of ACA Benefit Status	ACA Eligibility End Date	ACA Average Hours
True	Measuring			
Future ACA Eligibility - Explain Calculation				
ACA Period Measurement	ACA Eligibility	Future Date of Benefit Status	Months used in Measurement	ACA Average Hours
	Ineligible	05/15/2015	4	38.81

*ACA Status Tracking fees will be charged only on variable hour employees. Monthly charges and fees may apply for all months in the measuring period if service is implemented within a measuring cycle.

Businessolver's ACA StatusTrackerSM allows you to configure your measurement, stability, and administrative periods, track overlapping new hire and ongoing employee periods, and then apply determined eligibility status directly to employees' records within the same technology. ACA StatusTracker also delivers ongoing reporting with a wide range of services to help with compliance requirements related to ACA.

MEASUREMENT

Variable hour employees need to have their hours tracked during the measurement period to see if they will be eligible for benefits by meeting the minimum requirements of 130 hours worked per month.

1. Initial Measurement Period (for new hires with variable hours)

The configurability of ACA StatusTracker allows you to define the length of the initial measurement period, from six to twelve months, as well as when measurement begins – either date of hire, the first of the month, or first pay period following date of hire.

2. Ongoing Measurement Period (for ongoing employees)

Businessolver will continue the ongoing measurement periods based on the rules that you define in our configurable system. Consistency is very important for ACA compliance and our platform will ensure that the rules are applied in uniform and predictable fashion.

ADMINISTRATION & STABILITY

When the measurement period is complete, our robust application will calculate the average hours – taking into account all of the variables such as protective leave, rehires and more – to determine eligibility. If eligible, employees will be invited to elect benefits right from our platform and they will have access to the plan rules as you have defined them. Benefitsolver will also serve as the communication vehicle to alert employees of eligibility status, plan options, enrollment timing and benefits confirmation.

RESPONSIBILITIES OF BUSINESSOLVER

- ▶ Collect employee hours from you (recommended weekly)
- ▶ Calculate eligibility based on ACA full-time employee identification rules as established by the Employer Shared Responsibility Final Regulations (79 FR 8543), and defined measurement periods elected by you
- ▶ Identify employee ACA status as full time vs. part time based on current definitions outlines by legislation and guidelines issued by government agencies as well as client-defined measurement periods and employee classifications
- ▶ Notify the employee of eligibility status through fulfillment as elected and requested by you (optional service – pass-through postage may apply)

RESPONSIBILITIES OF CLIENT

- ▶ Provide Businessolver with ongoing employee hours tracking data*
- ▶ Provide Businessolver with eligibility data related to transfers and stability periods
- ▶ Provide Businessolver with protected leave and rehire data
- ▶ Notify Businessolver of any changes to ACA tracking rule-defined measurement periods
- ▶ Notify Businessolver of ongoing member hours tracking data changes

6055/6056 Reporting

by  businessolver

Businessolver's 6055/6056 Reporting includes an employee-level view of the data required to fulfill IRS reporting requirements

Employees - 1095 Reporting Information: Test User

Select year: 2015

			1095c Field	Jan	Feb	Mar
Offer Code			14	1E		
EE Only Prem			15	\$80.22		
SH Code			16	2C		
FEIN						
EE Status				FT		
COVERED	SSN	DOB	1095c Field	Jan	Feb	Mar
Test User	111-11-1242	01/01/1980	17-22	✓	✗	✗
Test Spouse		01/01/1980	17-22	✓	✗	✗

Transmission of the 1094-C must follow specific IRS rules. We are actively involved in IRS Workgroups as they work to provide final data transmission standards.

How To File Electronically



Form 1094-C and Form 1095-C are subject to the requirements to file returns electronically.

Filers of 250 or more information returns must file the returns electronically. The 250-or-more requirement applies separately to each type of return and separately to each type of corrected return.

Pub. 5165, Affordable Care Act (ACA) Information Returns (AIR) Guide for Software Developers and Transmitters, currently under development, will outline the communication procedures, transmission formats, business rules, and validation procedures for returns filed electronically through the AIR system. To develop software for use with the AIR system, transmitters and software developers should use the guidelines provided in Pub. 5165 along with the Extensible Markup Language (XML) Schemas published on IRS.gov. See Pub. 5165 for more information.

You will receive an electronic acknowledgment once you complete the transaction. Keep it with your records.

† Up to approximately 100 MB for initial file transmission; additional transmissions required by IRS beyond 100 MB; additional fee may apply for each subsequent transmission. For a given Applicable Large Employer (ALE), the IRS may require each FEIN to transmit on a separate file. (Please see your tax advisor or tax attorney to multiple FEIN determination based on your legal tax structure.)

After reviewing the complexities of all of the 6055 and 6056 reporting requirements, Businessolver has developed several flexible options to support a variety of reporting needs.

The chart below was designed to help frame up Businessolver's offerings and align with you regarding your options.

MEC large employer plan

		Fully Insured 1095-C			Self Funded 1095-C		
		Section I	Section II	Section III	Section I	Section II	Section III
Full Time (defined as being expected to work 30 or more hours)	Eligible	•	•		•	•	
	Offered	•	•		•	•	
	Enrolled	•	•	Provided by insurer on 1095-B	•	•	•
Variable (defined as unknown expected work hours and have status tracked)	Eligible	•	•		•	•	
	Offered	•	•		•	•	
	Enrolled	•	•	Provided by insurer on 1095-B	•	•	•
Part Time (defined as not expected to work close to 30 hours and employer may/may not be tracking hours but does offer coverage)	Eligible						
	Offered						
	Enrolled	•		Provided by insurer on 1095-B	•		•

SERVICE OPTIONS

Businessolver offers several options related to 6055/6056 reporting. The core offering is storage of data required for 6055/6056 reporting. You also have the option of adding fulfillment and transmittal services. Options include:

1095-C Data Storage for Reporting

- ▶ Monthly storage of the fields identifying offer of health coverage to employees and enrollment for all covered individuals
- ▶ Businessolver will provide a standard extract file for data management
- ▶ 1095-C Data Storage is available regardless of whether you are utilizing any other ACA service
- ▶ Requires any undetermined offer and Safe Harbor codes (e.g., information requested on lines 14 and 16 of IRS form 1095-C) be provided to Businessolver by you

ADD-ON OPTION: 1095-C Employer Fulfillment

- ▶ Businessolver will use the data stored to generate IRS Form 1095-C
- ▶ Final output from Businessolver may be provided either via data file to the employer or completed 1095-C form to employee

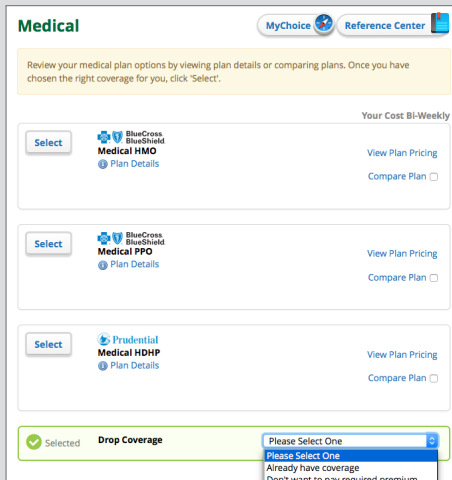
ADD-ON OPTION: 1094-C Transmittal†

- ▶ Clients will review data to confirm offer and Safe Harbor codes for employees prior to transmittal to IRS
- ▶ Businessolver will submit 1094-C data for all employees and dependents via the IRS-prescribed electronic filing format

“The consequences of noncompliance can be severe, with the applicable penalty depending on which of the many and complex ACA provisions is violated and the nature and extent of the violation. Employers should keep these penalties in mind...as they work to ensure ACA compliance for their group health plans.”

- Buck Consultants

Easily keep your finger on the pulse of waived coverage.



Businessolver supports the distribution of the Notice of Exchange. Our communications and legal teams have crafted a modified version of the Exchange notice that meets the notice requirements and simplifies the language so that your employees clearly understand their health insurance options. The notice is automatically stored on an employee's record for electronic viewing, and Businessolver offers the ability to mail the notice directly to employees.

DELIVERY OPTIONS

- ▶ Provided to employees within 14 days of start date
- ▶ Digital only (PDF) saved to employee's record
- ▶ Print & mail (includes digital version)

ADDITIONAL ACA SERVICES

ANALYTICS & REPORTING

The Benefitsolver platform has a number of standard reports and graphical analytics tools that will provide you the necessary information you need to complete the ACA-required forms, including:

- **PCORI section of the IRS Form 720** – Businessolver houses the data required to complete the PCORI section of IRS form 720 for self-insured health plans via an integrated analytics tool. The analytics display a point-in-time count of all enrolled members (employees and dependents) as of a specified point in time.
- **Transitional Reinsurance reporting (2014-2016)** – The ACA requires health insurance issuers and self-funded group health plans to fund a Transitional Reinsurance Program in place from 2014 to 2016. Businessolver reports average member counts for you to submit to the Department of Health and Human Services to comply with the ACA.

AUTO ENROLLMENT

The Benefitsolver platform supports auto enrollments at the plan level. Employees can be automatically enrolled in a set of default plans regardless of whether an employee logs in during annual enrollment, or previous elections can be rolled over to the next year during annual enrollment.

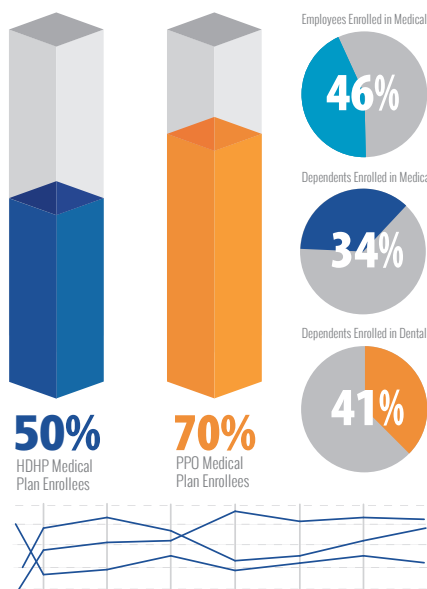
WAIVE REASONS

The Benefitsolver platform tracks when an employee waives coverage. If an employee waives coverage, a waive reason can be required for each benefit waived. Waive reasons are available in Benefitsolver, providing you proof of offered coverage – including a time and date stamp of any waived coverage.

ACA APPEALS

ACA appeals and inquiries processing will address:

- **Exchange Premium Tax Credit (PTC) Appeals** (as defined under ACA provisions) based on employee eligibility for coverage by the employer-sponsored plan;
- **Employee Eligibility Appeals** according to hours worked (provided by the client) to determine eligibility as defined by ACA; or
- **Coverage Claims Appeals** (as defined under ACA provisions) which will be referred to the medical plan carrier to determine claims payment.



W-2 REPORTING

Businesssolver provides clients with a cumulative monthly report that aggregates employer and employee contributions. Standard reporting includes year-to-date accumulations for the following plan subgroups: Medical, Dental, Vision, Prescription Drug, and EAP plans built within Benefitsolver. Report details include:

- SSN
- Employee ID
- Plan Type
- Structure Group
- Term Date
- Department
- Pay Frequency
- Plan Effective Date
- Cost Year to Date

Businesssolver provides two standard methods for accumulating your premium data for W-2 purposes based on the Premium Charged method and you may choose which works best for your needs.

- **Billing & Financial Reporting** – provides your billing wash rules and any adjustments made to member premiums throughout the course of the year.
- **Manage Payroll** – provides the ability to generate an accumulated W-2 using your payroll information.

SUMMARY OF BENEFITS AND COVERAGE

Employers are required to provide participants an Health & Human Services (HHS)-approved Summary of Benefits and Coverage (SBC) explanation. Businesssolver offers a few options for delivering SBC information to employees including posting the document within the system and incorporating it as an information tool during enrollment.

We have also included the required glossary of terms into the documents themselves, rather than as a separate attachment, making it easier for users to understand complex terminology.

Insurance Company 1: Plan Option 1		
Summary of Benefits and Coverage: What this Plan Covers & What it Costs		
		Coverage Period: 01/01/2013 – 12/31/2013
		Coverage for: Individual + Spouse Plan Type: PPO
<p>This is only a summary. If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at www.[insurer] or by calling 1-800-[insurer].</p>		
Important Questions	Answers	Why this Matters:
What is the overall deductible?	\$500 person / \$1,000 family Doesn't apply to preventive care	You must pay all the costs up to the deductible amount before this plan begins to pay for covered services you use. Check your policy or plan document to see when the deductible starts over (usually, but not always, January 1st). See the chart starting on page 2 for how much you pay for covered services after you meet the deductible.
Are there other deductibles for specific services?	Yes. \$300 for prescription drug coverage. There are no other specific deductibles.	You must pay all of the costs for these services up to the specific deductible amount before this plan begins to pay for these services.
Is there an out-of-pocket limit on my expenses?	Yes. For participating providers \$2,500 person / \$5,000 family For non-participating providers \$4,000 person / \$8,000 family	The out-of-pocket limit is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses.
What is not included in the out-of-pocket limit?	Preventions, balance-billed charges, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit.
Is there an overall annual limit on what the plan pays?	No.	The chart starting on page 2 describes any limits on what the plan will pay for specific covered services, such as office visits.
Does this plan use a network of providers?	Yes. See www.[insurer].com or call 1-800-[insurer] for a list of participating providers.	If you use an in-network doctor or other health care provider, this plan will pay some or all of the costs of covered services. If you use an out-of-network doctor or hospital, you may use an out-of-network provider for some services. Please use the term in-network, preferred, or participating for providers in their network. See the chart starting on page 2 for how this plan pays different kinds of providers.
Do I need a referral to see a specialist?	No. You don't need a referral to see a specialist.	You can see the specialist you choose without permission from this plan.
Are there services this plan doesn't cover?	Yes.	Some of the services this plan doesn't cover are listed on page 4. See your policy or plan document for additional information about excluded services.
<p>Questions? Call 1-800-[insurer] or visit us at www.[insurer].com. If you aren't clear about any of the bolded terms used in this form, see the Glossary. You can view the Glossary at www.[insurer] or call 1-800-[insurer] to request a copy.</p>		

Summary of Benefits and Coverage (SBC)

[Review a summary of your health plan here.](#)

Benefitsolver's easy set-up tool simply delivers SBC communication to your employees.



OUR COMMITMENT TO COMPLIANCE

Healthcare reform is a complicated subject that is rapidly changing as the Affordable Care Act is refined and evolves. Businessolver wants our clients to not only be prepared for these changes, but also understand the impacts that these regulations will have across their business.

Our Client Centric teams receive ongoing training and coaching on changes to legislation in order to best support our clients. This includes training on any new functionality or services designed to help our clients meet new regulations.

All members of our Service Center team are also provided training on healthcare reform topics to best support your employees. We also have a healthcare reform knowledge base that houses all ACA information for easy access by our Service Center representatives while they are supporting participants.

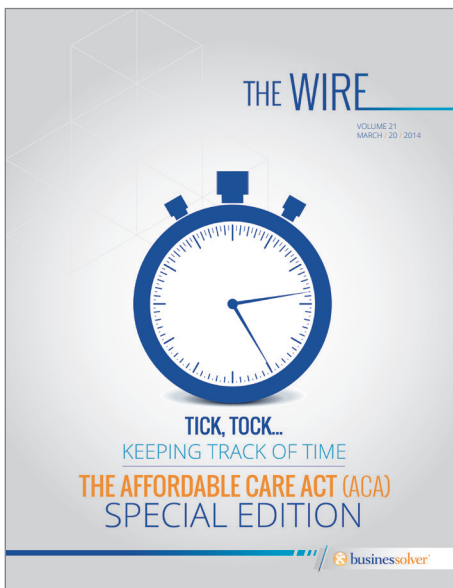
OUR COMMITMENT TO COMMUNICATION

We know that ACA is confusing and both the legislation and our service offering are rapidly changing and progressing. Therefore, effective communication is more important than ever. Your Client Relationship Manager will discuss any changes with you during your weekly calls, using the tools and training described above.

In addition, Businessolver delivers a client-focused newsletter, *The Wire*, that includes updates regarding legislative changes and improvements to the Benefitsolver platform. This monthly newsletter provides scenarios and e-learning tools to clear up any ACA confusion.

OUR COMMITMENT TO CONTINUOUS IMPROVEMENT

Beyond ACA, Businessolver is dedicated to delighting you by continuously improving the service, product and communication. Our Client Centric teams are committed to answering your questions and educating you on system enhancements. Our developers are committed to developing system enhancements in a prioritized, timely manner to support compliance requirements. Our Service Center representatives are committed to understanding the legal requirements so that they can answer employee's questions. Finally, our leadership is committed to looking beyond the features and services that support the Affordable Care Act to the other impacts in our industry: How might ACA impact COBRA? How will healthcare reform impact our clients across the different industry verticals? What shifts could we see in plan offerings? With ACA compliance, as with all services we provide, our goal is to ensure that we deliver more than what's required and continue to exceed your expectations.



Rely on *The Wire* for news you need to know about ACA compliance and product functionality.

ACA Compliance SuiteSM

by  businessolver[®]

Businessolver's ACA solution manages employer compliance with ACA full-time employee eligibility rules to prevent costly penalties for non-compliance. It includes employee eligibility tracking, employer and employee notifications, and necessary regulatory reporting information. Rely on Businessolver to help you:



CONFIGURE

Assign specific plans to ACA-eligible population
Set up rules to support client-specified measurements



MEASURE

Track employee hours and status
Determine eligibility for benefits



APPLY

Apply rules and eligibility
Automatically enroll eligible employees into health plans



REPORT

Provide data required to ensure compliance
Report waived coverage reasons and offer IRS-required data for reporting



COMMUNICATE

Deliver government-mandated Summary of Benefits and Coverage
Deliver ACA-required communication

