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BUSINESS WITHOUT BARRIERS™

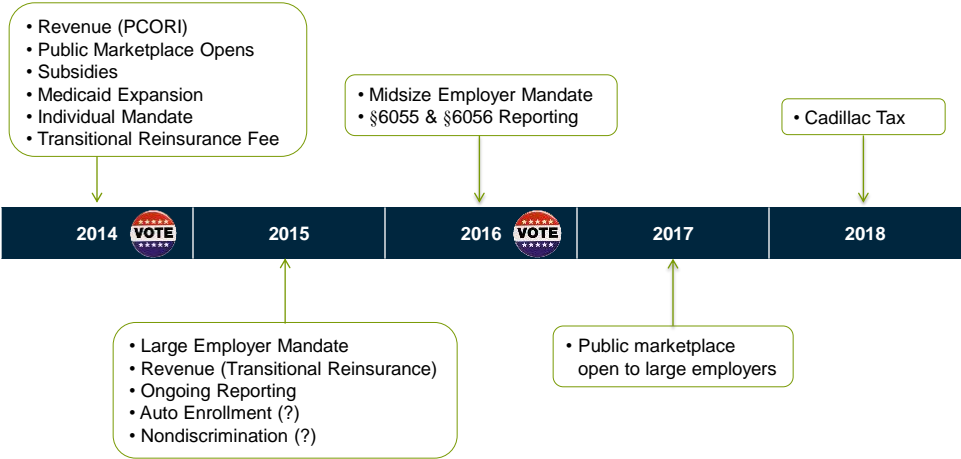
ASCIP ACA Reporting “Diagnostics”

Sally Wineman
Area Senior Vice President, Compliance Counsel

Debra Davis
Area Vice President, Compliance Counsel

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Timeline



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2015-2016

- FSA maximum increase to \$2,550
- Employer mandate
- Health plan reporting
 - 2015: Gather data
 - 2016: Report
- PCORI fee
 - \$2.08 per covered life (November, December and January renewals filing July 31, 2015)
- Transitional reinsurance fee (\$44 for 2015, \$27 for 2016)
- 2016 OOP limit (non-GF): \$6,850/\$13,700
 - Individual maximum limit of \$6,850 if family limit higher
- Presidential election – 2016



Preventive Care

Preventive Care Measure	Plan Year Effective Date
Tobacco use counseling and intervention clarification <ul style="list-style-type: none">• All FDA-approved tobacco cessation medications for a 90-day treatment• 4 tobacco cessation counseling sessions per intervention• At least 2 tobacco cessation attempts per year	Currently effective
Hepatitis C screening for adults	On or after June 1, 2014
Domestic violence screening and counseling for women	On or after August 1, 2014
Breast cancer preventive medication	On or after September 24, 2014
Lung cancer screening for smokers age 55-80 and those who quit in the last 15 years	On or after December 1, 2014
Gestational diabetes screening in pregnant women	On or after January 1, 2015
Hepatitis B screening for adults and non-pregnant adolescents	On or after May 1, 2015
Preeclampsia prevention – use of aspirin	On or after September 1, 2015

SBC Changes

- Final regulations “in the near future”
 - Intend to apply starting Sept. 1, 2015
 - Plan years that begin on or after January 1, 2016
 - Fall 2015 open enrollment periods
- “New” SBC template finalized by January 2016
 - Apply for plan years on or after January 1, 2017
 - Includes Fall 2016 open enrollment

Insurance Company 1: Plan Option 1		Coverage Period: 01/01/2014 - 12/31/2014
Summary of Benefits and Coverage: What This Plan Covers & What It Costs		Coverage For: Individual & Spouse Plan Type: PPO
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 or go to www.gallagher.com .		
Important Questions / Answers		Why This Matters:
What is the overall deductible?	\$500 per person / \$1,000 family. Donor's apply to participating care.	You must pay all the costs up to the deductible amount before the plan begins to pay the covered services you use. Check your policy or plan document to see when the deductible starts each year. See page 4, for the chart showing on page 2 the how much you pay for covered services after you meet the deductible.
Are there other deductibles for specific services?	Yes. \$200 for participating 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 the plan begins to pay for these services.
In there an out-of-pocket limit on my expenses?	Yes. For participating providers \$2,500 per person / \$5,000 family. For non-participating providers \$4,000 per person / \$8,000 family.	The out-of-pocket limit is the most you could pay during a coverage period (usually one year) for the costs of the care of covered services. This limit helps you plan for health care expenses.
What is not included in the out-of-pocket limit?	Prescription, before and after surgery, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit.
In there an overall annual limit on what the plan pays?	No.	The chart showing on page 2 describes our limits on what the plan will pay for the most common services, such as office visits.
Does this plan use a network of providers?	Yes. See www.gallagher.com or call 1-800-666-6666 for a list of participating providers.	If you use an in-network doctor or other health care provider, the plan will pay more on all of the costs of covered services. Be aware, you can network doctors or hospitals that are not in our network providing the same services. Please see the section on network providers on page 2 for more information. See the chart showing on page 2 for how the plan pays different levels 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 the plan.
Are there services this plan doesn't cover?	Yes.	Some of the services the plan doesn't cover are listed on page 4. See your policy or plan document for additional information about excluded services.
Questions Call 1-800-666-6666 or visit us at www.gallagher.com . If you want more detail about any of the information shown on this chart, see the Glossary. You can find the Glossary at www.gallagher.com or call 1-800-666-6666 to request a copy.		
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NEW!

Section 125 Mid-Year Election Changes

- Enroll in a Marketplace plan during special or open enrollment
 - Enroll in Marketplace no later than **the day immediately following the last day** of revoked coverage
- Reduction in Expected Hours of Service below 30 hpw with no change in eligibility
 - Enroll in other coverage no later than **1st day of second month** after revocation
- Prospective election revocations only
- Effective Sept 18, 2014, but may retroactively amend plan document by end of plan year
 - For PY 2014, may amend by end of 2015 plan year
- NOT applicable to FSA elections

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No Longer

- No waiting periods longer than 90 days unless variable employee
 - ~~New! Orientation period~~ **Repealed!**
 - 60 day waiting period in CA
- Small employer plans: ~~Limits on deductibles~~ **Repealed!**
- HIPAA Certificate of Creditable Coverage expires Dec. 31, 2014!
- Employer Payment Plans no longer allowed
 - Limited transition relief for small employers through June 30, 2015
- Non-integrated HRA not allowed
 - Unless restricted to excepted benefits or retiree-only
- Minimum Value Plans must have hospital coverage and physician services
 - Transition relief for employers and employees of pre-Nov. 4, 2014 plans with proper disclosure that employee not precluded from premium tax credit

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Not Yet

- Auto enrollment – pending guidance
- Nondiscrimination in fully insured plans – pending guidance
- Quality care reporting – pending guidance



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Transitional Reinsurance: Due Dates

Activity	Due No Later Than	Amount Due*
Submit annual report and schedule payment	November 15, 2015	N/A
Combined Payment	January 15, 2016	\$44 <i>per covered life</i>
1st Payment	January 15, 2016	\$33 <i>per covered life</i>
2 nd Payment	November 15, 2016	\$11 <i>per covered life</i>

* \$27 for 2016

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The Marketplace

- 8 million individuals enrolled through the Marketplaces in 2014
 - 85% eligible for premium assistance
- 11.4 million enrolled for 2015
- Uninsured rate drops to 13.4% nationwide
- Silver level plans most popular



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Covered California

- www.coveredca.com
- 2015 open enrollment closed
 - 1.4 million members
 - Special enrollment until April 30 if subject to individual penalty (18,000 enrolled so far)
- 2016 open enrollment
 - November 1, 2015 – January 31, 2016
- Communicate with employees
- Special enrollments
- Increased individual mandate penalty for 2015
 - Greater of \$325 per person or 2% of income

Health Care & Taxes

Sign up by Feb. 15 > Avoid the Penalty for Not Having Insurance

It's never smart to avoid having health insurance — one accident can lead to an emergency room visit and tens of thousands of dollars in bills, or learning you have cancer when it's too late to treat it. Now there's another reason to get insured — **taxes**.

The “**Shared Responsibility Payment**” is a new tax penalty that Americans have to pay this year if they can't afford health insurance but choose not to buy it. It's called a shared responsibility payment because everyone in the United States is now required to be part of our health insurance system, buying health coverage for themselves and their families rather than relying on others to pay for their care. Starting for 2015, those who don't buy health insurance may be subject to the penalty which is \$325 per person in a household or 2% of their income, whichever is greater.

It's Getting More Expensive to Go Without Insurance

PENALTIES BY TAX YEAR	2014	2015	2016
 Jim earns \$40K/yr	\$299	\$594	\$736
 Eduardo & Julia earn \$100K/yr	\$497	\$988	\$2,085

The best way to avoid the penalty is to buy health insurance **right now** during open enrollment, which continues to Feb. 15. Of those already enrolled, almost 90 percent got financial help to cover their premiums. For more information and to find local, no-cost assistance, go to CoveredCA.com. It makes far more sense than paying the penalty at tax time.

*2016 amounts based on IRS estimations, www.irs.gov/individuals and CoveredCA's individual Shared Responsibility Payment Calculator. The 2015 and 2016 amounts estimated using ACA calculator - <http://www.coveredca.com/individualsharedresponsibility>

 COVERED CALIFORNIA

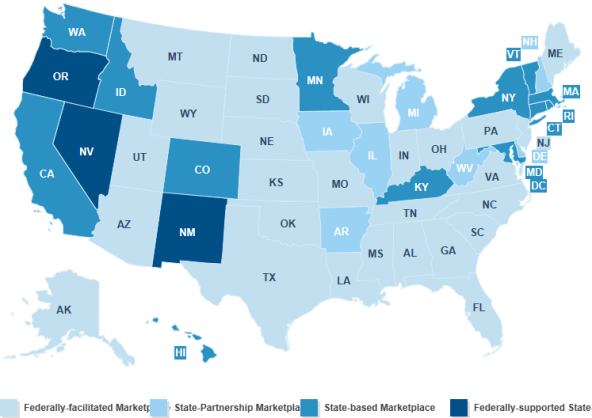
Source: www.news.coveredca.com

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Supreme Court

- King v. Burwell
 - Oral arguments March 4, 2015
 - Decision expected June 2015



Source: Kaiser Family Foundation, November 2014

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Excise Tax - 2018



“Cadillac” Excise Tax

- IRS requesting comment on possible approach:
 - What’s in and what’s out?
 - To include HSA & pre-tax FSA contributions?
 - To include on-site medical clinics?
 - To exclude limited scope dental, vision and EAP?
 - Calculating the cost?
 - Potential changes to COBRA premium calculations
 - HRAs – pending additional comment request
 - How to apply the dollar limit?
 - Self-only and family in same year
 - Categories of employees
 - More comment requests coming





IRS Reporting: Sections 6055 and 6056

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Agenda

- Background
- Who is subject to a Section 6055 and/or 6056 reporting obligation?
- IRS Forms:
 - 1094-B and 1095-B
 - 1094-C and 1095-C
 - How to report minimum essential coverage, offers of coverage, full-time employee status, and other essential elements of these forms
- When the forms must be filed with the IRS and sent to employees, and administrative details for reporting in 2016
- Action steps

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Employer Reporting

Minimum Essential Coverage §6055

- Self funded only
- All size employers

Applicable Large Employer §6056

- ≥ 50 FTEs
- Fully-insured and self funded

Who is required
to report?

Employer Reporting

- Self-Funded Health Plans
 - Employers of all sizes who sponsor self-funded health plans that provide minimum essential coverage to any individual during the calendar year are required to report
- Fully-Insured Health Plans
 - The health insurance carrier will be responsible for reporting
 - If the employer who sponsors the plan is an applicable large employer, the employer will have additional reporting obligations

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What is MEC?

- MEC = Minimum Essential Coverage
- Eligible employer-sponsored health plans
 - Both fully-insured and self-insured, regardless of employer size
 - This does not include excepted benefits (certain dental, vision and EAP plans)
 - This does include even “low cost” plans or plans that do not provide minimum value
 - Reporting not required for coverage that supplements MEC
- Government-sponsored programs
- Insured plans offered in the individual market or group market

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Reporting to IRS and Employees

- A – Marketplace
 - Form 1095-A
- B – Health Insurance Carriers (and small self-funded employers)
 - Form 1094-B (transmittal)
 - Form 1095-B
- C – Applicable Large Employers
 - Form 1094-C (transmittal)
 - Form 1095-C

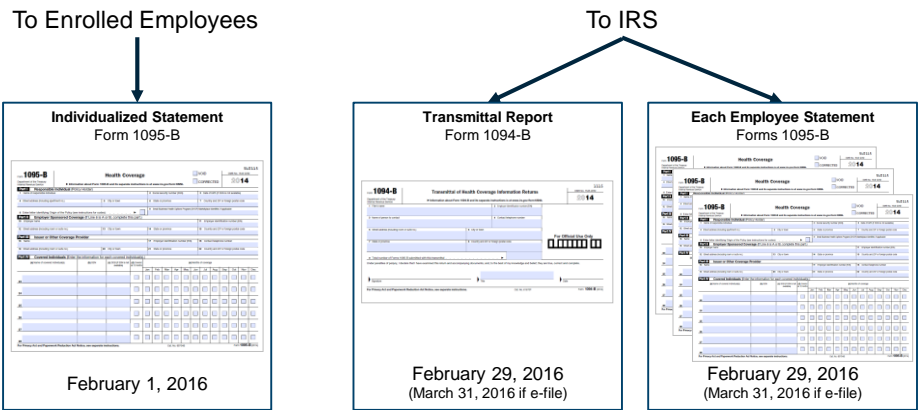
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Who is an ALE member?

- Applicable large employers are those with 50 or more full-time (FT) and full-time equivalent (FTE) employees
- Status as applicable large employer is based on the entire controlled group, but each ALE member reports separately for its employees
- **Note:** All ALE members remain subject to 6056 reporting for the 2015 calendar year, even if transitional relief delays their penalty exposure until later

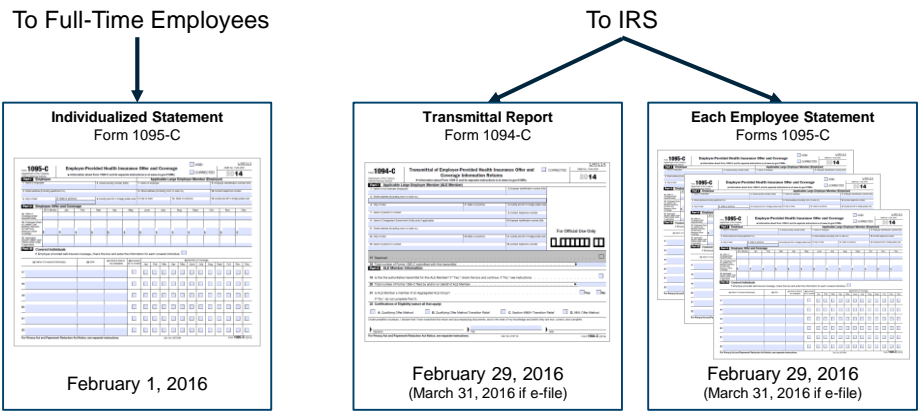
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Reporting by Health Insurance Carriers



Each member of controlled group reports separately

District Reporting



Each member of controlled group reports separately

Reporting to Employee

	Fully-insured plan where employer has fewer than 50 FTEs	Fully-insured plan where employer has 50 or more FTEs
Full-time employee <u>enrolled</u> in coverage	Insurer reports on Form 1095-B	Insurer reports on Form 1095-B Employer reports on Form 1095-C
Full-time employee <u>NOT enrolled</u> in coverage		Employer reports on Form 1095-C
Non-full-time employee <u>enrolled</u> in coverage	Insurer reports on Form 1095-B	Insurer reports on Form 1095-B
Non-full-time employee <u>NOT enrolled</u> in coverage		
Non-employee for full year (e.g., retirees, COBRA beneficiaries, directors)	Insurer reports on Form 1095-B	Insurer reports on Form 1095-B

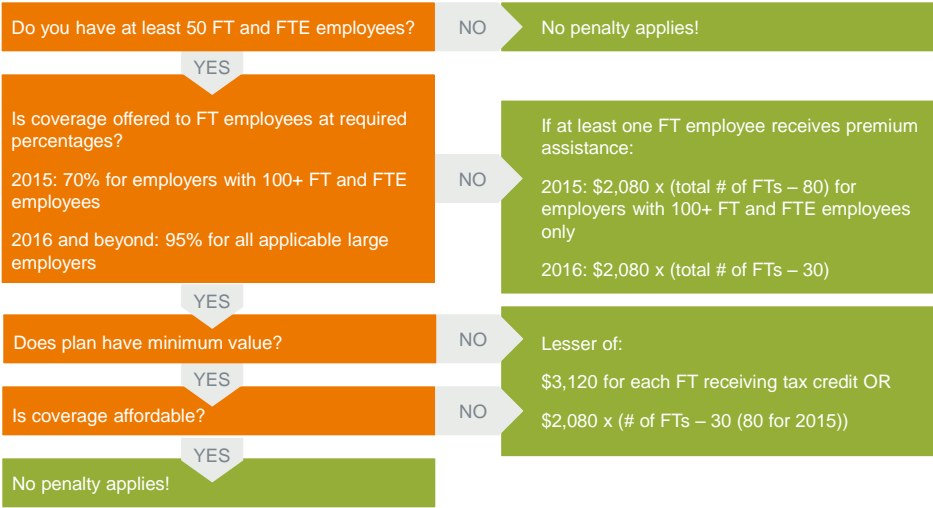
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Reporting to Employee

	Self-funded plan where employer has fewer than 50 FTEs	Self-funded plan where employer has 50 or more FTEs
Full-time employee <u>enrolled</u> in coverage	Employer reports on Form 1095-B	Employer reports on Form 1095-C
Full-time employee <u>NOT enrolled</u> in coverage		Employer reports on Form 1095-C
Non-full-time employee <u>enrolled</u> in coverage	Employer reports on Form 1095-B	Employer reports on Form 1095-C
Non-full-time employee <u>NOT enrolled</u> in coverage		
Non-employee for full year (e.g., retirees, COBRA beneficiaries, directors)	Employer reports on Form 1095-B	Employer can use either Form 1095-B or 1095-C to report

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Employer Mandate for 2015



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Examples

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Southwest School District

- School district with 400 employees
 - Full-time salaried
 - Hourly
 - Substitute
- Fully insured health plan
- October 1 - September 30 plan year



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Form 1094-B

Completed by Insurer

To IRS with all Forms 1095-B

Form **1094-B**

Department of the Treasury
Internal Revenue Service

Transmittal of Health Coverage Information Returns

► Information about Form 1094-B and its separate instructions is at www.irs.gov/form1094b.

OMB No. 1545-2252

2014

1115

1 Filer's name

2 Employer identification number (EIN)

3 Name of person to contact

4 Contact telephone number

5 Street address (including room or suite no.)

6 City or town

7 State or province

8 Country and ZIP or foreign postal code

9 Total number of Forms 1095-B submitted with this transmittal

For Official Use Only

Signature

Title

Date

Under penalties of perjury, I declare that I have examined this return and accompanying documents, and, to the best of my knowledge and belief, they are true, correct and complete.

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 61570P

Form **1094-B** (2014)

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Form 1094-C

Completed by District

Southwest School District information

Form 1094-C

Transmittal of Employer-Provided Health Insurance Offer and Coverage Information Returns

Department of the Treasury
Internal Revenue Service

Information about Form 1094-C and its separate instructions is at www.irs.gov/1094c.

OMB No. 1545-2251

2014

120115

Part I

Applicable Large Employer Member (ALE Member)

1 Name of ALE Member (Employer)

2 Employer identification number (EIN)

3 Street address (including room or suite no.)

4 City or town

5 State or province

6 Country and ZIP or foreign postal code

7 Name of person to contact

8 Contact telephone number

9 Name of Designated Government Entity (only if applicable)

10 Employer identification number (EIN)

11 Street address (including room or suite no.)

12 City or town

13 State or province

14 Country and ZIP or foreign postal code

15 Name of person to contact

16 Contact telephone number

17 Reserved

18 Total number of Forms 1095-C submitted with this transmittal

327

For Official Use Only

Provide total number of Forms 1095-C included with this transmittal

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Form 1094-C

Completed by District

There must be one Form 1094-C that is the authoritative transmittal

If only one Form 1094-C is filed, this number is the same as line 18

Part II

ALE Member Information

19 Is this the authoritative transmittal for this ALE Member? If "Yes," check the box and continue. If "No," see instructions

20 Total number of Forms 1095-C filed by and/or on behalf of ALE Member

327

21 Is ALE Member a member of an Aggregated ALE Group?

Yes No

22 Certifications of Eligibility (select all that apply):

A. Qualifying Offer Method

B. Qualifying Offer Method Transition Relief

C. Section 4980H Transition Relief

D. 98% Offer Method

Qualifies for the Section 4980H Transition Relief and 98% Offer Method


Optional

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

CA No. 61571A

Form 1094-C (2014)

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Form 1094-C, Part II, Line 22

- Simplifications and transition relief may be available
 - A. Qualifying Offer Method
 - Can provide simplified statement to employees who received a qualifying offer for all 12 months and do not have to report amount of lowest-cost coverage
 - B. 2015 Qualifying Offer Method Transition Relief
 - Can provide simplified statements for all employees and do not have to report amount of lowest-cost coverage

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Form 1094-C, Part II, Line 22

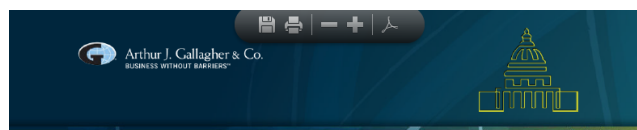
- C. Section 4980H Transition Relief includes:
 - ALEs with Full-Time 50-99 Employees – No 4980H(a) or (b) penalty for 2015 (and plan year beg. in 2015)
 - ALEs with 100 or More Full-Time Employees – Reduction in amount of 4980H(a) penalty for 2015 (and plan year beg. in 2015)
 - 70% of Full-Time employees – No 4980H(a) penalty for 2015 (and plan year beg. in 2015)
 - Efforts to Cover Dependents - No 4980H(a) penalty for 2015 plan year

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Transition Relief Flowcharts

- The Employer Mandate Toolkit includes:



Tools You Can Use: Transitional Relief Flowcharts

While the transitional relief provided by the February 10, 2014 final employer shared responsibility mandate regulations is very welcomed, those rules can be tricky to understand. Essentially, the rules offer three types of relief: (1) a delay in potential liability for mid-sized employers (i.e., employers with 50 to 99 full-time (and equivalent) employees) until 2016; (2) non-calendar year plan year relief from potential employer shared responsibility penalties for employees eligible for coverage as of February 9, 2014 until the beginning of the 2015 plan year; and (3) non-calendar year plan year relief from potential employer shared responsibility penalties for employees who were not eligible for coverage as of February 9, 2014 until the beginning of the 2015 plan year. To aid in determining whether transitional relief is available for your organization, Gallagher has created some helpful flowcharts.

For mid-sized employer with calendar year plan year transitional relief, click this [LINK](#).

For mid-sized employer with non-calendar year plan year transitional relief, click this [LINK](#).

For non-calendar year plan year relief for both employees eligible for coverage on February 9, 2014 and those who were not eligible as of February 9, 2014, click this [LINK](#).

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Form 1094-C, Part II, Line 22

- C. Section 4980H Transition Relief also includes for non-calendar year plans:
 - Coverage on First Day of 2015 Plan Year – No 4980H(a) (and possibly no 4980H(b)) penalty for months in 2015 prior to 2015 plan year
 - Significant Percentage Transition Guidance (All Employees) – No 4980H(a) penalty for months in 2015 prior to 2015 plan year
 - Significant Percentage Transition Guidance (Full-Time Employees) – No 4980H(a) penalty for months in 2015 prior to 2015 plan year
 - First Payroll Period – No 4980H(a) or (b) penalty for time before first payroll period in January 2015

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Form 1094-C, Part II, Line 22

- D. 98% Offer Method – Not required to:
 - Identify which employees are full-time employees; or
 - Complete full-time employee count

Form 1094-C

Completed by District

Leave (d) blank - not part of a controlled group

Check "Yes" - offered MEC to at least 95% (70% in 2015) of full-time employees and dependents

Do not have to complete column (b). Qualifies for the 98% Offer Method.

Enter total number of all employees as of 1st or last day for each month

Enter Code B - eligible for Transition Relief

Part II ALE Member Information - Monthly						Page 2	
		(a) Minimum Essential Coverage Offer Indicator		(b) Full-Time Employee Count for ALE Member	(c) Total Employee Count for ALE Member	(d) Aggregated Group Indicator	(e) Section 4980H Transition Relief Indicator
		Yes	No				
22	All 12 Months	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	B
24	Jan	<input type="checkbox"/>	<input type="checkbox"/>		401	<input type="checkbox"/>	
25	Feb	<input type="checkbox"/>	<input type="checkbox"/>		404	<input type="checkbox"/>	
26	Mar	<input type="checkbox"/>	<input type="checkbox"/>		410	<input type="checkbox"/>	
27	Apr	<input type="checkbox"/>	<input type="checkbox"/>		410	<input type="checkbox"/>	
28	May	<input type="checkbox"/>	<input type="checkbox"/>		405	<input type="checkbox"/>	
29	June	<input type="checkbox"/>	<input type="checkbox"/>		380	<input type="checkbox"/>	
30	July	<input type="checkbox"/>	<input type="checkbox"/>		380	<input type="checkbox"/>	
31	Aug	<input type="checkbox"/>	<input type="checkbox"/>		380	<input type="checkbox"/>	
32	Sept	<input type="checkbox"/>	<input type="checkbox"/>		415	<input type="checkbox"/>	
33	Oct	<input type="checkbox"/>	<input type="checkbox"/>		404	<input type="checkbox"/>	
34	Nov	<input type="checkbox"/>	<input type="checkbox"/>		405	<input type="checkbox"/>	
35	Dec	<input type="checkbox"/>	<input type="checkbox"/>		404	<input type="checkbox"/>	

Form 1094-C (2014)

Form 1094-C

Completed by District

Part IV Other ALE Members of Aggregated ALE Group

Enter the names and EINs of Other ALE Members of the Aggregated ALE Group (who were members at any time during the calendar year).

Name	EIN	Name	EIN
36		51	
37		52	
38		53	
39		54	
40		55	
41		56	
42		57	
43		58	
44		59	
45		60	
46		61	
47		62	
48		63	
49		64	
50		65	

Form 1094-C (2014)

Leave Part IV blank - not a member of a controlled group

Page 3

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Mike

- Bus driver hired in 2013
 - Variable hour position



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Form 1095-B

Completed by Insurer

Form **1095-B**

Department of the Treasury
Internal Revenue Service

Health Coverage

VOID
CORRECTED

560115
OMB No. 1545-2252
2014

Information about Form 1095-B and its separate instructions is at www.irs.gov/form1095b.

Part I Responsible Individual (Policy Holder)

1 Name of responsible individual 2 Social security number (SSN) 3 Date of birth (if SSN is not available)

4 Street address (including apartment no.) 5 City or town 6 State or province 7 Country and ZIP or foreign postal code

8 Enter letter identifying Origin of the Policy (see instructions for codes): 9 Small Business Health Options Program (SHOP) Marketplace identifier, if applicable

Part II Employer Sponsored Coverage (If Line 8 is A or B, complete this part.)

10 Employer name 11 Employer identification number (EIN)

12 Street address (including room or suite no.) 13 City or town 14 State or province 15 Country and ZIP or foreign postal code

Part III Issuer or Other Coverage Provider

16 Name 17 Employer identification number (EIN) 18 Contact telephone number

19 Street address (including room or suite no.) 20 City or town 21 State or province 22 Country and ZIP or foreign postal code

Part IV Covered Individuals (Enter the information for each covered individual(s).)

(a) Name of covered individual(s)	(b) SSN	(c) DOB (if SSN is not available)	(d) Covered (all 12 months)	(e) Months of coverage											
				Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
23 Mike Smith	991-23-4567		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24 Jenna Smith	991-23-4568		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25 Sam Smith	991-23-4569		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Mark just this box if offered all 12 months

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Form 1095-C

Completed by District

Line 14: Use Code 1A for all 12 months, as he was offered coverage for the full year

Line 15: Do not enter amount for lowest-cost since using 1A

Line 16: Use Code 2C as Mike enrolled in coverage for the year

Form **1095-C**

Department of the Treasury
Internal Revenue Service

Employer-Provided Health Insurance Offer and Coverage

VOID
CORRECTED

600115
OMB No. 1545-2251
2014

Information about Form 1095-C and its separate instructions is at www.irs.gov/form1095c.

Part I Employee

1 Name of employee 2 Social security number (SSN) 7 Name of employer 8 Employer identification number (EIN)

3 Street address (including apartment no.) 9 Street address (including room or suite no.) 10 Contact telephone number

4 City or town 5 State or province 6 Country and ZIP or foreign postal code 11 City or town 12 State or province 13 Country and ZIP or foreign postal code

Part II Employee Offer and Coverage

14 Offer of Coverage (enter required code)	All 12 months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
1A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15 Employee Share of Lowest-Cost Monthly Premium, for Self-Only Minimum Value Coverage	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Applicable Section 4980H Safe Harbor (enter code, if applicable)	2C												

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Form 1095-C, Part II, Line 14 Codes

- 1A: “Qualifying Offer”
- 1B: MEC + MV to employee
- 1C: MEC + MV to employee; MEC to dependent(s)
- 1D: MEC + MV to employee; MEC to spouse
- 1E: MEC + MV to employee; MEC to spouse & dependent(s)
- 1F: MEC (but not MV)
- 1G: Self-insured plan to non-full time employee (12 months)
- 1H: No MEC offer
- 1I: Qualified Offer Transition Relief 2015

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Form 1095-C, Part II, Line 16 Codes

- 2A: Not employed during any day of month
- 2B: Not full-time employee; did not enroll
- 2C: Employee enrolled
- 2D: Limited non-assessment period
- 2E: Multiemployer interim relief
- 2F: Affordability – W-2 safe harbor
- 2G: Affordability – FPL safe harbor
- 2H: Affordability – Rate of pay safe harbor
- 2I: Non-calendar year 4980H(b) transition relief

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Form 1095-C

Completed by District

District leaves blank.
Coverage information
provided to Mike on
1095-B by insurer.

Part III

Covered Individuals

If Employer provided self-insured coverage, check the box and enter the information for each covered individual.

(a) Name of covered individual(s)	(b) SSN	(c) DOB (if SSN is not available)	(d) Covered all 12 months	(e) Months of Coverage											
				Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
17			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 60705M

Form 1095-C (2014)

ARTHUR J. GALLAGHER & CO. | BUSINESS WITHOUT BARRIERS™

Sophie

- Hourly paraeducator
- Averaged 18 hpw during last measurement period
 - Is not eligible for health coverage
- No Form 1095-C is completed for Sophie because she is not a full-time employee



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Scott

- New custodian hired on May 10, 2014
 - Full time position
 - Coverage effective July 1, 2014



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Completed by Insurer

Form 1095-B

Form **1095-B**

Department of the Treasury
Internal Revenue Service

Health Coverage

☐ VOID
☐ CORRECTED

560115
OMB No. 1545-2252
2014

► Information about Form 1095-B and its separate instructions is at www.irs.gov/form1095b.

Part I Responsible Individual (Policy Holder)															
1 Name of responsible individual		2 Social security number (SSN)	3 Date of birth (if SSN is not available)												
4 Street address (including apartment no.)		5 City or town	6 State or province												
		7 Country and ZIP or foreign postal code													
8 Enter letter identifying Origin of the Policy (see instructions for codes): ▶		9 Small Business Health Options Program (SHOP) Marketplace identifier, if applicable													
Part II Employer Sponsored Coverage (If Line 8 is A or B, complete this part.)															
10 Employer name		11 Employer identification number (EIN)													
12 Street address (including room or suite no.)		13 City or town	14 State or province												
		15 Country and ZIP or foreign postal code													
Part III Issuer or Other Coverage Provider															
16 Name		17 Employer identification number (EIN)	18 Contact telephone number												
19 Street address (including room or suite no.)		20 City or town	21 State or province												
		22 Country and ZIP or foreign postal code													
Part IV Covered Individuals (Enter the information for each covered individual(s).)															
(a) Name of covered individual(s)	(b) SSN	(c) DOB (if SSN is not available)	(d) Covered all 12 months	(e) Months of coverage											
				Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
23 Scott Anderson	991-23-4567		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
24			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ARTHUR J. GALLAGHER & CO. | BUSINESS WITHOUT BARRIERS™

Form 1095-C

Completed by District

Line 14: Use Code 1H for Jan. 2014 – Jun. 2014, as he was not offered coverage

Line 14: Use Code 1A for Jul. 2014 – Dec. 2014, as qualifying coverage was offered to employee, dependents and spouse

Line 15: Do not enter an amount since a qualifying offer

1095-C

Form
Department of the Treasury
Internal Revenue Service

Employer-Provided Health Insurance Offer and Coverage
Information about Form 1095-C and its separate instructions is at www.irs.gov/1095c.

VOID

CORRECTED

OMB No. 1545-2251
2014

Part I Employee		Applicable Large Employer Member (Employer)										
1 Name of employee		2 Social security number (SSN)		7 Name of employer		8 Employer identification number (EIN)						
3 Street address (including apartment no.)		9 Street address (including room or suite no.)		10 Contact telephone number								
4 City or town		5 State or province		6 Country and ZIP or foreign postal code		11 City or town		12 State or province		13 Country and ZIP or foreign postal code		

Part II Employee Offer and Coverage												
All 12 Months												
14 Offer of Coverage (enter required code)												
15 Employee Share of Lowest Cost Monthly Premium, or Self-Only Minimum Value Coverage												
16 Applicable Section 504(c)(1) Safe Harbor (enter code, if applicable)												
17												
18												
19												
20												
21												
22												

Line 15: Leave blank for Jan. 2014 – Jun. 2014 as no coverage offered

Line 16: Use Code 2A for Jan. 2014 – Apr. 2014 as he was not an employee

Line 16: Use Code 2D for May 2014 – Jun. 2014 as he was in a waiting period

Line 16: Use Code 2C for Jul. 2014 – Dec. 2014 as he was enrolled in coverage

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Form 1095-C

Completed by District

District leaves blank. Coverage information provided to Scott on 1095-B by insurer

Part III Covered Individuals

If Employer provided self-insured coverage, check the box and enter the information for each covered individual.

(a) Name of covered individual(s)	(b) SSN	(c) DOB (if SSN is not available)	(d) Covered all 12 months	(e) Months of Coverage											
				Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
17															
18															
19															
20															
21															
22															

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 60705M Form 1095-C (2014)

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Western School District

- School district with 280 employees
 - Full-time salaried
 - Hourly
 - Substitute
- Health plan is both self-funded and fully-insured
- January 1 - December 31 plan year



ARTHUR J. GALLAGHER & CO. | BUSINESS WITHOUT BARRIERS™

Form 1094-C

Completed by District

Form **1094-C**
Department of the Treasury
Internal Revenue Service

Transmittal of Employer-Provided Health Insurance Offer and Coverage Information Returns
► Information about Form 1094-C and its separate instructions is at www.irs.gov/1094c.

☐ CORRECTED

120115
OMB No. 1545-0047

2014

Part I Applicable Large Employer Member (ALE Member)

1 Name of ALE Member (Employer)

2 Employer identification number (EIN)

3 Street address (including room or suite no.)

4 City or town

5 State or province

6 Country and ZIP or foreign postal code

7 Name of person to contact

8 Contact telephone number

9 Name of Designated Government Entity (only if applicable)

10 Employer identification number (EIN)

11 Street address (including room or suite no.)

12 City or town

13 State or province

14 Country and ZIP or foreign postal code

15 Name of person to contact

16 Contact telephone number

For Official Use Only


17 Reserved

18 Total number of Forms 1095-C submitted with this transmittal

327

Provide total number of Forms 1095-C included with this transmittal

ARTHUR J. GALLAGHER & CO. | BUSINESS WITHOUT BARRIERS™ 52

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BUSINESS WITHOUT BARRIERS™

26

Form 1094-C

Completed by District

There must be one Form 1094-C that is the authoritative transmittal

If only one Form 1094-C is filed, this number is the same as line 18

Part III ALE Member Information

19 Is this the authoritative transmittal for this ALE Member? If "Yes," check the box and continue. If "No," see instructions ☒ Yes ☐ No

20 Total number of Forms 1095-C filed by and/or on behalf of ALE Member 327

21 Is ALE Member a member of an Aggregated ALE Group? ☐ Yes ☒ No

If "No," do not complete Part IV.

22 Certifications of Eligibility (select all that apply):

☐ A. Qualifying Offer Method ☐ B. Qualifying Offer Method Transition Relief ☒ C. Section 4980H Transition Relief ☐ D. 98% Offer Method

Under penalties of perjury, I declare that I have examined this return and accompanying documents, and to the best of my knowledge and belief, they are true, correct, and complete.

Signature Title Date

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 61571A Form 1094-C (2014)

Qualifies for the Section 4980H Transition Relief

Form 1094-C

Completed by District

Leave (d) blank - not part of a controlled group

Enter Code B - eligible for Transition Relief

Check "Yes" - offered MEC to at least 95% (70% in 2015) of full-time employees and dependents

Enter number of full-time employees for each month

Enter total number of all employees as of 1st or last day for each month

Form 1094-C (2014) Page 2

Part III ALE Member Information - Monthly

	(a) Minimum Essential Coverage Offer Indicator		(b) Full-Time Employee Count for ALE Member	(c) Total Employee Count for ALE Member	(d) Aggregated Group Indicator	(e) Section 4980H Transition Relief Indicator
	Yes	No				
23 All 12 Months	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	B
24 Jan	<input type="checkbox"/>	<input type="checkbox"/>	280	293	<input type="checkbox"/>	
25 Feb	<input type="checkbox"/>	<input type="checkbox"/>	280	293	<input type="checkbox"/>	
26 Mar	<input type="checkbox"/>	<input type="checkbox"/>	280	293	<input type="checkbox"/>	
27 Apr	<input type="checkbox"/>	<input type="checkbox"/>	278	284	<input type="checkbox"/>	
28 May	<input type="checkbox"/>	<input type="checkbox"/>	281	307	<input type="checkbox"/>	
29 June	<input type="checkbox"/>	<input type="checkbox"/>	267	277	<input type="checkbox"/>	
30 July	<input type="checkbox"/>	<input type="checkbox"/>	268	277	<input type="checkbox"/>	
31 Aug	<input type="checkbox"/>	<input type="checkbox"/>	281	293	<input type="checkbox"/>	
32 Sept	<input type="checkbox"/>	<input type="checkbox"/>	282	287	<input type="checkbox"/>	
33 Oct	<input type="checkbox"/>	<input type="checkbox"/>	283	289	<input type="checkbox"/>	
34 Nov	<input type="checkbox"/>	<input type="checkbox"/>	283	289	<input type="checkbox"/>	
35 Dec	<input type="checkbox"/>	<input type="checkbox"/>	281	293	<input type="checkbox"/>	

Form 1094-C (2014)

Form 1094-C

Completed by District

Form 1094-C (2014)

Page 3

Part IV Other ALE Members of Aggregated ALE Group
Enter the names and EINs of Other ALE Members of the Aggregated ALE Group (who were members at any time during the calendar year).

Leave Part IV blank - not a member of a controlled group

Name	EIN	Name	EIN
36		51	
37		52	
38		53	
39		54	
40		55	
41		56	
42		57	
43		58	
44		59	
45		60	
46		61	
47		62	
48		63	
49		64	
50		65	

Form 1094-C (2014)

Form 1095-C

- Form 1095-C is filed for each individual that was
 - A full-time employee; or
 - Enrolled in the self-insured plan

Jessica

- New college information coordinator hired on May 10, 2014
 - Variable hour position
- Averages more than 30 hpw during initial measurement period (June 1, 2014 – May 31, 2015)
- Administrative period from June 1, 2015 – June 30, 2015
- Enrolls in coverage under the self-funded PPO as of July 1, 2015



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Form 1095-C

Completed by District

Line 14: Use Code 1H for Jan. 2015 – Jun. 2015, as she was not offered coverage

Line 14: Use Code 1E for Jul. 2015 – Dec. 2015, as coverage was offered to employee, dependents and spouse

Line 15: Enter amount for lowest-cost to employee for self-only coverage that was offered for Jul. 2015 – Dec. 2015

Line 15: Leave blank for Jan. 2015 – Jun. 2015 as no coverage offered

Line 16: Use Code 2D for Jan. 2015 – May 2015 as she was in an initial measurement period

Line 16: Use Code 2D for June 2015 as she was in an administrative period

Line 16: Use Code 2C for Jul. 2015 – Dec. 2015 as she was enrolled in coverage

1095-C		Employer-Provided Health Insurance Offer and Coverage												VOID		CORRECTED		OMB No. 1545-2251	
Form		Information about Form 1095-C and its separate instructions is at www.irs.gov/1095c.																2014	
Part I Employee		Applicable Large Employer Member (Employee)						Applicable Large Employer Member (Employer)											
1 Name of employee		2 Social security number (SSN)		7 Name of employer		8 Employer identification number (EIN)													
3 Street address (including apartment no.)		9 Street address (including room or suite no.)		10 Contact telephone number															
4 City or town		5 State or province		6 Country and ZIP or foreign postal code		11 City or town		12 State or province		13 Country and ZIP or foreign postal code									
Part II Employee Offer and Coverage		All 12 Months																	
14 Offer of Coverage (enter required code)		Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec						
15 Employee Share of Lowest Cost Monthly Premium, for Self-Only Minimum Value Coverage		1H	1H	1H	1H	1H	1H	1E	1E	1E	1E	1E	1E						
16 Applicable Section 4980H Safe Harbor (enter code, if applicable)		\$	\$	\$	\$	\$	\$	\$ 127	\$ 127	\$ 127	\$ 127	\$ 127	\$ 127						
		2D	2D	2D	2D	2D	2D	2C	2C	2C	2C	2C	2C						

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Form 1095-C

Completed by District

Check since plan is self-insured

Part III Covered Individuals

If Employer provided self-insured coverage, check the box and enter the information for each covered individual. ☒

(a) Name of covered individual(s)	(b) SSN	(c) DOB (if SSN is not available)	(d) Covered all 12 months	(e) Months of Coverage											
				Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
17 Jessica Smith	123-45-6789		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
18			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 60705SM

Form 1095-C (2014)

Check the boxes for the months during which the individuals were enrolled in coverage (i.e., Jul. 2015 – Dec. 2015)

Provide information on the employee and any dependents and/or spouse

Western School District must attempt to get SSNs for all enrolled individuals

Aubrey

- Hired as a replacement teacher on February 15, 2015
- Offered coverage as of April 1, 2015
 - She waived coverage
 - No Form 1095-B



Form 1095-C

Completed by District

Line 14: Use Code 1H for Jan. 2015 – Mar. 2015 as she was not offered coverage.

Line 14: Use Code 1E for Apr. 2015 – Dec. 2015 as coverage was offered to employee, dependents and spouse.

Line 15: Enter amount for lowest-cost to employee for self-only coverage that was offered for Apr. 2015 – Dec. 2015.

1095-C
Form
Department of the Treasury
Internal Revenue Service

Employer-Provided Health Insurance Offer and Coverage
Information about Form 1095-C and its separate instructions is at www.irs.gov/1095c.

☐ VOID
☐ CORRECTED

OMB No. 1545-2251
2014

Part I Employee

1 Name of employee
2 Social security number (SSN)
3 Street address (including apartment no.)
4 City or town
5 State or province
6 Country and ZIP or foreign postal code

Applicable Large Employer Member (Employee)

7 Name of employer
8 Employer identification number (EIN)
9 Street address (including room or suite no.)
10 Contact telephone number
11 City or town
12 State or province
13 Country and ZIP or foreign postal code

Part II Employee Offer and Coverage

All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
14 Offer of Coverage (enter required code)	1H	1H	1H	1E	1E	1E	1E	1E	1E	1E	1E	1E
15 Employee Share of Lowest-Cost Monthly Premium, for Self-Only Minimum Value Coverage	\$	\$	\$	\$ 95	\$ 95	\$ 95	\$ 95	\$ 95	\$ 95	\$ 95	\$ 95	\$ 95
16 Applicable Section 504(c)(1) Safe Harbor (enter code, if applicable)	2A	2D	2D	2H	2H	2H	2H	2H	2H	2H	2H	2H

Line 15: Leave blank for Jan. 2015 – Mar. 2015 as no coverage offered.

Line 16: Use Code 2A for Jan. 2015 as she was not an employee

Line 16: Use Code 2D for Feb. 2015 – Mar. 2015 as she was in a waiting period

Line 16: Use Code 2H for Apr. 2015 – Dec. 2015 as she waived coverage, yet the coverage was affordable at rate of pay safe harbor

ARTHUR J. GALLAGHER & CO. | BUSINESS WITHOUT BARRIERS™ 61

Form 1095-C

Completed by District

District leaves blank. Aubrey waived coverage.

Part III Covered Individuals
If Employer provided self-insured coverage, check the box and enter the information for each covered individual.

(a) Name of covered individual(s)	(b) SSN	(c) DOB (if SSN is not available)	(d) Covered all 12 months	(e) Months of Coverage											
				Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
17			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 60705M Form **1095-C** (2014)



Dependent SSN

- Required to request SSNs from covered individuals.
- If the covered individual does not provide the SSN, you must, on or before December 31 of the first year of coverage, request that the SSN be provided. If the covered individual fails to provide the SSN, then you must make a second request the following year.
- Document your efforts to obtain missing SSNs.
- Provide birthdates in lieu of SSNs only if:
 - You are informed an individual does not have a SSN; or
 - You are unable to obtain an SSN after making reasonable efforts to obtain it.

Method of IRS Reporting

- Mailing the forms to the IRS is permitted for employers with fewer than 250 Forms 1095-B or 1095-C in a calendar year.
- Can I submit the reports electronically?
 - IRS encourages all employers to file their forms electronically.
 - Employers that file at least 250 Forms 1095-B or 1095-C in a calendar year are required to file electronically. Other employers may file electronically; but are not required to do so.

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Statements to Employees

- How should I send out the statements?
 - Mail
 - Electronically (if employee has consented to electronic)
 - Posting to a website (an employer must separately notify the employee)
 - Employee can also request a paper copy
- Can we send out the employee statements with the W-2 forms?
 - Yes. Employers may include an employee’s statement with his or her Form W-2 mailing.

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Separate Return & Statement Deadlines

Report/Disclosure	Due Date
Section 6055 statement to employees	1/31 of each year (2/1/16)
Section 6055 report to IRS	2/28 (or 3/31 if filed electronically*)
Section 6056 statement to employees	1/31 of each year (2/1/16)
Section 6056 report to IRS	2/28 (or 3/31 if filed electronically*)

** Must file electronically if provide 250 or more “returns”*

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Penalties

- Failure to timely file complete and accurate returns to the IRS, or failure to timely furnish a correct statement to responsible individuals:
 - \$100 per return with a maximum of \$1,500,000 for a calendar year.
 - Penalties may be reduced if corrective action is taken within 30 days and may even be waived if the failure to file timely or accurately is due to reasonable cause and not due to willful neglect.
- Penalty relief for reports filed in 2016 as long as “good faith” efforts to comply are made

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Action Steps




- Collect data during 2015 regarding:
 - Who is covered by MEC
 - Who are full-time employees
 - Who was offered coverage
 - Was coverage affordable
- Consider vendor options for data aggregation and reporting

Action Steps



- Request Social Security numbers for covered dependents
- Button-up compliance with employer shared responsibility rules
- Determine other controlled group and affiliated service group members

Resources: ajghealthcarereform.com



Healthcare Reform

Healthcare Reform

Overview

Strategic Decision Support

Employer Resources

Regulatory Guidance

Timeline

Newsletters

Webinars

Are you overwhelmed by ever-evolving regulations? You aren't alone.

Healthcare reform legislation is complex, and employer mandates are continually changing. It's time to work with a partner who can help shoulder your compliance burdens, stem the paperwork tide and reduce the risk of noncompliance.

The dramatic change to the healthcare landscape ushered in by the passage of the Patient Protection and Affordable Care Act (PPACA) presents a daunting challenge in understanding the myriad of potential impacts on you and your employees, while achieving your business objectives. As with most major legislation, the interpretation and implementation of the regulations may bring legal challenges that can result in new or modified requirements.

Arthur J. Gallagher & Co.'s Benefits & Human Resources Consulting team approach and market-leading financial and analytical modeling tools will guide you through the healthcare reform labyrinth. As your guide and advisor, we will work with you to understand the strategic, financial and operational impacts today and in the future.

EMPLOYER RESOURCES

HEALTHCARE REFORM FAQs

PRIVATE EXCHANGES

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Thank you!

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