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ASCP ACA Reporting "Diagnostics"

Sally Wineman

Area Senior Vice President, Compliance Counsel

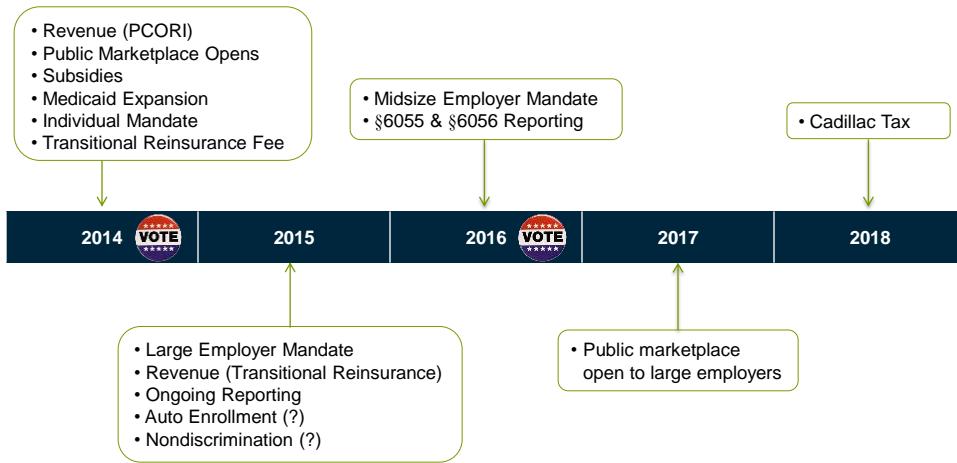
Debra Davis

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



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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

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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																											
<p>This is only a summary. If you want more detail about these coverage and costs, you can get the complete terms on the policy in plain English at www.Glossary or by calling 1-800-Glossary.</p> <table border="1"> <thead> <tr> <th>Important Questions</th> <th>Answers</th> <th>Why this Matters</th> </tr> </thead> <tbody> <tr> <td>What is the overall deductible?</td> <td>\$500 per person / \$1,000 family deductible</td> <td>You never pay all the costs up to the deductible amount before this plan begins to pay the costs. This plan has a deductible of \$500 per person or \$1,000 for a family. 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This limit helps you plan for health care expenses.</td> </tr> <tr> <td>What is not included in the plan benefits or the out-of-pocket limit?</td> <td>Charges, such as co-pays, co-insurance, and deductibles, that exceed this plan's benefit limits.</td> <td>Even though you pay these expenses, they don't count toward the out-of-pocket limit.</td> </tr> <tr> <td>Is there an overall annual limit on what the plan pays?</td> <td>No.</td> <td>The chart starting on page 2 describes our limits on what the plan will pay for specific covered services, such as office visits.</td> </tr> <tr> <td>Does the plan use a network of providers?</td> <td>Yes. We use a network of providers and 24-hour emergency care for a lot of participating providers.</td> <td>If you use an out-of-network doctor or other health care provider, this plan will pay less or not at all for the costs of covered services. Be aware, you can see other doctors or hospitals, but not as much as you would if you used a provider in our network. You can also use providers who are not participating for prescription or first-aid services. See the chart starting on page 2 for how the plan pays for these services.</td> </tr> <tr> <td>Do I need a referral to see a specialist?</td> <td>No. You don't need a referral to see a specialist.</td> <td>You can see the specialist you choose without permission from this plan.</td> </tr> <tr> <td>Are there services that the plan doesn't cover?</td> <td>Yes.</td> <td>Some of the services the plan doesn't cover are listed on page 4. See more policy or plan documents for additional information about excluded services.</td> </tr> </tbody> </table>			Important Questions	Answers	Why this Matters	What is the overall deductible?	\$500 per person / \$1,000 family deductible	You never pay all the costs up to the deductible amount before this plan begins to pay the costs. 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<small>Other Contact Numbers: (800) 229-2288 and (800) 229-2289 Issued on April 15, 2014 (revised) 1 of 8</small>																													

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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 to 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 leaving 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 that Americans have to pay if they can 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 family 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 \$425 per person in a household or 2% of their income, whichever is greater.

It's Getting More Expensive to Go Without Insurance

Penalty* by Tax Year	2014	2015	2016
Jim earns \$40k/yr	\$299	\$594	\$736
Eduardo & Julia earn \$50k/yr	\$497	\$988	\$2,085

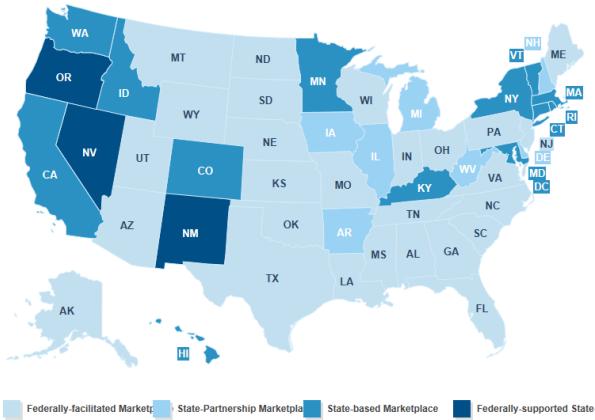
The best way to avoid the penalty is to buy health insurance right now during open enrollment, which continues to Feb. 15. Of those already enrolled, almost 90 percent got financial help to cover their premiums. For more information and to find local, no-cost assistance, go to CoveredCA.com. It makes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

Source: www.news.coveredca.com

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Supreme Court

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



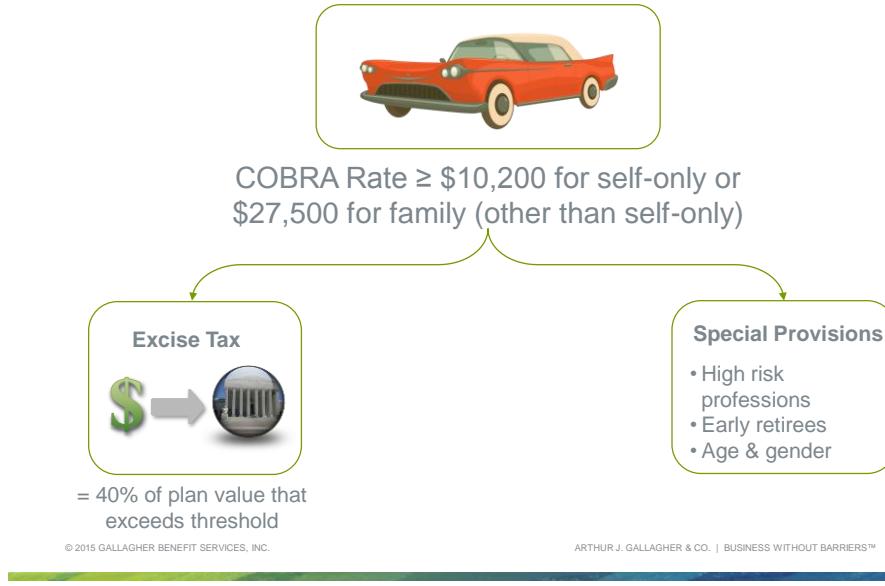
Source: Kaiser Family Foundation, November 2014

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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

Employer Reporting

Minimum Essential Coverage §6055

- Self funded only
- All size employers

Applicable Large Employer §6056

- ≥ 50 FTEs
- Fully-insured and self funded

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Who is required to report?

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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

To Enrolled Employees

Individualized Statement
Form 1095-B

February 1, 2016

To IRS

Transmittal Report
Form 1094-B

February 29, 2016
(March 31, 2016 if e-file)

Each Employee Statement
Forms 1095-B

February 29, 2016
(March 31, 2016 if e-file)

Each member of controlled group reports separately

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District Reporting

To Full-Time Employees

Individualized Statement
Form 1095-C

February 1, 2016

To IRS

Transmittal Report
Form 1094-C

February 29, 2016
(March 31, 2016 if e-file)

Each Employee Statement
Forms 1095-C

February 29, 2016
(March 31, 2016 if e-file)

Each member of controlled group reports separately

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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</u> <u>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</u> <u>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</u> <u>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</u> <u>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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Completed by Insurer

Form 1094-B

1094-B	Transmittal of Health Coverage Information Returns		1115 OMB No. 1545-2320 2014								
<p>To IRS with all Forms 1095-B</p> <p>► Information about Form 1094-B and its separate instructions is at www.irs.gov/form1094b.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">1 Filer's name</td> <td style="width: 50%;">2 Employer identification number (EIN)</td> </tr> <tr> <td>3 Name of person to contact</td> <td>4 Contact telephone number</td> </tr> <tr> <td>5 Street address (including room or suite no.)</td> <td>6 City or town</td> </tr> <tr> <td>7 State or province</td> <td>8 Country and ZIP or foreign postal code</td> </tr> </table> <p>9 Total number of Forms 1095-B submitted with this transmittal ►</p> <p>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.</p> <p>Signature _____ Title _____ Date _____</p> <p>For Official Use Only [Redacted]</p>				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
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7 State or province	8 Country and ZIP or foreign postal code										
<p>For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.</p> <p>Cat. No. 61570F</p> <p>Form 1094-B (2014)</p>											

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Completed by District

Form 1094-C

Southwest
School
District
information

1094-C 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/f1094c.

Part II 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			

For Official Use Only

120115 OMB No. 1545-2251
2014

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

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Completed by District

Form 1094-C

Part II ALE Member Information

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

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

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.

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

Cat. No. 61571A

Form 1094-C (2014)

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

Optional

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



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:



February 2014

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

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Form 1094-C

Form 1094-C (2014)					
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
23 All 12 Months	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
24 Jan	<input type="checkbox"/>		401		
25 Feb	<input type="checkbox"/>		404		
26 Mar	<input type="checkbox"/>		410		
27 Apr	<input type="checkbox"/>		410		
28 May	<input type="checkbox"/>		405		
29 June	<input type="checkbox"/>		380		
30 July	<input type="checkbox"/>		380		
31 Aug	<input type="checkbox"/>		380		
32 Sept	<input type="checkbox"/>		415		
33 Oct	<input type="checkbox"/>		404		
34 Nov	<input type="checkbox"/>		405		
35 Dec	<input type="checkbox"/>		404		

Completed by District

Leave (d) blank -
not part of a
controlled groupEnter Code B -
eligible for
Transition
ReliefCheck "Yes" -
offered MEC to at
least 95% (70% in
2015) of full-time
employees and
dependentsDo 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

Completed by District

Form 1094-C

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

Form 1094-C (2014) Page 3

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

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

Mike

- Bus driver hired in 2013
 - Variable hour position



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Arthur J. Gallagher & Co.

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Completed by Insurer

Form 1095-B

1095-BDepartment of the Treasury
Internal Revenue Service**Health Coverage**► Information about Form 1095-B and its separate instructions is at www.irs.gov/form1095b.

560115

OMB No. 1545-2252

2014

 VOID CORRECTED

Part I Responsible Individual (Policy Holder)			Part II Employer Sponsored Coverage (If Line 8 is A or B, complete this part.)		
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	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	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	23 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
23 Mike Smith		991-23-4567		<input checked="" type="checkbox"/>	Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec
24 Jenna Smith		991-23-4568		<input checked="" type="checkbox"/>	<input type="checkbox"/>
25 Sam Smith		991-23-4569		<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Completed by District

Form 1095-C

1095-C
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/Form1095C.

600115

OMB No. 1545-2251

2014

Part I Employee			Applicable Large Employer Member (Employer)											
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	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		
14 Offer of Coverage (enter reduced code)	15 Employee Share of Lowest Cost Monthly Premium, for Self Only, Minimum Value Coverage	16 Affordable Safe Harbor (enter code, if applicable)	17 Annual Social Security Safe Harbor (enter code, if applicable)	18 Enter letter identifying Origin of the Policy (see instructions for codes):	19 Enter letter identifying Origin of the Policy (see instructions for codes):	20 Enter letter identifying Origin of the Policy (see instructions for codes):	21 Enter letter identifying Origin of the Policy (see instructions for codes):	22 Enter letter identifying Origin of the Policy (see instructions for codes):	23 Enter letter identifying Origin of the Policy (see instructions for codes):	24 Enter letter identifying Origin of the Policy (see instructions for codes):	25 Enter letter identifying Origin of the Policy (see instructions for codes):	26 Enter letter identifying Origin of the Policy (see instructions for codes):		
1A														
2C														

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



Arthur J. Gallagher & Co.

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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

ARTHUR J. GALLAGHER & CO. | BUSINESS WITHOUT BARRIERS™ 43



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

ARTHUR J. GALLAGHER & CO. | BUSINESS WITHOUT BARRIERS™ 44



Completed by District

Form 1095-C

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



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



Scott

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



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

Form 1095-B

Completed by Insurer

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 1095-C Employer-Provided Health Insurance Offer and Coverage Internal Revenue Service		Employer-Provided Health Insurance Offer and Coverage Information about Form 1095-C and its separate instructions is at www.irs.gov/f1095c .																																																															
		Applicable Large Employer Member (Employer)																																																															
		<input type="checkbox"/> VOID <input type="checkbox"/> CORRECTED b00115 <small>OMB No. 1545-2251</small> 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 Part II Employee Offer and Coverage 14 Offer of Coverage (enter required code) 15 Applicable Share of Lowest Cost Monthly Premium, Minimum Value and Minimum Value Minimum Value 16 Applicable Section 4980H Safe Harbor (enter code, if applicable)		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 <table border="1"> <thead> <tr> <th>At 12 Months</th> <th>Jan</th> <th>Feb</th> <th>Mar</th> <th>Apr</th> <th>May</th> <th>June</th> <th>July</th> <th>Aug</th> <th>Sept</th> <th>Oct</th> <th>Nov</th> <th>Dec</th> </tr> </thead> <tbody> <tr> <td>1H</td> <td>1H</td> <td>1H</td> <td>1H</td> <td>1H</td> <td>1H</td> <td>1H</td> <td>1A</td> <td>1A</td> <td>1A</td> <td>1A</td> <td>1A</td> <td>1A</td> </tr> <tr> <td>\$</td> </tr> <tr> <td>2A</td> <td>2A</td> <td>2A</td> <td>2A</td> <td>2A</td> <td>2D</td> <td>2D</td> <td>2C</td> <td>2C</td> <td>2C</td> <td>2C</td> <td>2C</td> <td>2C</td> </tr> </tbody> </table>												At 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	1H	1A	1A	1A	1A	1A	1A	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	2A	2A	2A	2A	2A	2D	2D	2C	2C	2C	2C	2C	2C						
At 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec																																																					
1H	1H	1H	1H	1H	1H	1H	1A	1A	1A	1A	1A	1A																																																					
\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$																																																					
2A	2A	2A	2A	2A	2D	2D	2C	2C	2C	2C	2C	2C																																																					

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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Completed by District

Form 1095-C

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	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)

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



Arthur J. Gallagher & Co.

BUSINESS WITHOUT BARRIERS™

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™

Completed by District

Form 1094-C

1094-C 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/f1094c.

Part II 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
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
15 Name of person to contact	16 Contact telephone number
17 Reserved	
18 Total number of Forms 1095-C submitted with this transmittal	

120115 OMB No. 1545-2251
2014

For Official Use Only

327

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



Form 1094-C

Completed by District

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 X

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

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

ARTHUR J. GALLAGHER & CO. | BUSINESS WITHOUT BARRIERS™ 53

Form 1094-C

Completed by District

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
23 All 12 Months	<input checked="" type="checkbox"/> X <input type="checkbox"/> No				
24 Jan	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	280	293	<input type="checkbox"/>	B
25 Feb	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	280	293	<input type="checkbox"/>	
26 Mar	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	280	293	<input type="checkbox"/>	
27 Apr	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	278	284	<input type="checkbox"/>	
28 May	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	281	307	<input type="checkbox"/>	
29 June	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	267	277	<input type="checkbox"/>	
30 July	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	268	277	<input type="checkbox"/>	
31 Aug	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	281	293	<input type="checkbox"/>	
32 Sept	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	282	287	<input type="checkbox"/>	
33 Oct	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	283	289	<input type="checkbox"/>	
34 Nov	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	283	289	<input type="checkbox"/>	
35 Dec	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	281	293	<input type="checkbox"/>	

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

Enter Code B - eligible for Transition Relief

ARTHUR J. GALLAGHER & CO. | BUSINESS WITHOUT BARRIERS™ 54



Completed by District

Form 1094-C

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

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 an 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)

ARTHUR J. GALLAGHER & CO. | BUSINESS WITHOUT BARRIERS™ 55

Form 1095-C

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

ARTHUR J. GALLAGHER & CO. | BUSINESS WITHOUT BARRIERS™ 56



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



ARTHUR J. GALLAGHER & CO. | BUSINESS WITHOUT BARRIERS™ 57

Form 1095-C

Completed by District

Employer-Provided Health Insurance Offer and Coverage																																																		
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 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																																																		
Form 1095-C Department of the Treasury Internal Revenue Service																																																		
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																																																		
<table border="1"> <thead> <tr> <th>14 Offer of Coverage (enter letter code)</th> <th>Jan</th> <th>Feb</th> <th>Mar</th> <th>Apr</th> <th>May</th> <th>June</th> <th>July</th> <th>Aug</th> <th>Sept</th> <th>Oct</th> <th>Nov</th> <th>Dec</th> </tr> </thead> <tbody> <tr> <td>1H</td> <td>1H</td> <td>1H</td> <td>1H</td> <td>1H</td> <td>1H</td> <td>1H</td> <td>1E</td> <td>1E</td> <td>1E</td> <td>1E</td> <td>1E</td> <td>1E</td> </tr> <tr> <td>\$</td> <td>\$</td> <td>\$</td> <td>\$</td> <td>\$</td> <td>\$</td> <td>\$</td> <td>\$ 127</td> <td>\$ 127</td> <td>\$ 127</td> <td>\$ 127</td> <td>\$ 127</td> <td>\$ 127</td> </tr> </tbody> </table>												14 Offer of Coverage (enter letter code)	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	1H	1E	1E	1E	1E	1E	1E	\$	\$	\$	\$	\$	\$	\$	\$ 127	\$ 127	\$ 127	\$ 127	\$ 127	\$ 127						
14 Offer of Coverage (enter letter code)	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec																																						
1H	1H	1H	1H	1H	1H	1H	1E	1E	1E	1E	1E	1E																																						
\$	\$	\$	\$	\$	\$	\$	\$ 127	\$ 127	\$ 127	\$ 127	\$ 127	\$ 127																																						
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																																																		

ARTHUR J. GALLAGHER & CO. | BUSINESS WITHOUT BARRIERS™ 58



Completed by District

Form 1095-C

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) Months of Coverage											
			(e) Covered all 12 months											
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"/>				
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)

Check since plan is self-insured

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

ARTHUR J. GALLAGHER & CO. | BUSINESS WITHOUT BARRIERS™ 59

Aubrey

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



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Form 1095-C

Completed by District

Employer-Provided Health Insurance Offer and Coverage															
Information about Form 1095-C and its separate instructions is at www.irs.gov/f1095c .															
<input type="checkbox"/> VOID <input type="checkbox"/> 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															
14 Offer of Coverage (enter required code)		15 Employee Share of Premium (Affordability, Monthly Premium, Minimum Value, Minimum Value Premium)	16 Applicable Section 4980H Safe Harbor (enter code, if applicable)	All 12 Months											
1H		1H	1H	1E	1E	1E	1E	1E	1E	1E	1E				
\$ 95		\$ 95	\$ 95	\$ 95	\$ 95	\$ 95	\$ 95	\$ 95	\$ 95	\$ 95	\$ 95				
2A		2D	2D	2H	2H	2H	2H	2H	2H	2H	2H				

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.

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

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Form 1095-C

Completed by District

Part III Covered Individuals															
If Employer provided self-insured coverage, check the box and enter the information for each covered individual. <input type="checkbox"/>															
(a) Name of covered individual(s)	(b) SSN	(c) DOB (SSN is not available)	(d) Covered all 12 months	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)

District leaves blank. Aubrey waived coverage.

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The background of the slide features a dark blue header with a stylized globe graphic on the left. The main content area has a light gray background with a subtle globe graphic. The Arthur J. Gallagher & Co. logo is in the top right corner, and the text "ARTHUR J. GALLAGHER & CO. | BUSINESS WITHOUT BARRIERS™" is at the bottom right.

Details & Deadlines

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

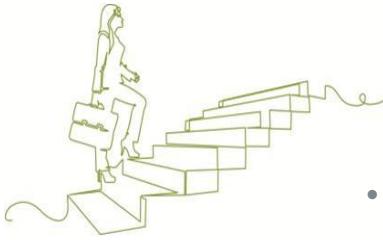
- Failure to timely file complete and accurate returns to the IRS, or failure to timely furnish a correct statement to responsible individuals:
 - \$100 per return with a maximum of \$1,500,000 for a calendar year.
 - Penalties may be reduced if corrective action is taken within 30 days and may even 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

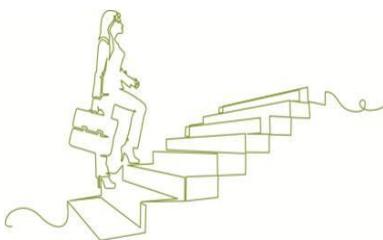
- Collect data during 2015 regarding:
 - Who is covered by MEC
 - Who are full-time employees
 - Who was offered coverage
 - Was coverage affordable
- Consider vendor options for data aggregation and reporting



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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



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Resources: ajghealthcarereform.com



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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