

Understanding Your 1095-C

Employer-Provided Health Insurance Offer and Coverage Form

1095-C filing helps you and your employer comply with the Affordable Care Act. Form 1095-C confirms to the IRS that your employer has offered you and your dependents a health insurance plan that is affordable and meets certain minimum criteria. If you are enrolled in a health plan provided through your employer, this form also provides proof of coverage so you will not pay penalties at tax time. You should keep this form in a safe place- you do not need to file this form with your taxes. Below is a sample 1095-C form with an explanation of its contents.

Sample 1095-C form:

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 CORRECTED

OMB No. 1545-2051
2019

Form 1095-C Employer-Provided Health Insurance Offer and Coverage
Department of the Treasury Internal Revenue Service
 Do not attach to your tax return. Keep for your records.
 Go to www.irs.gov/Form1095C for instructions and the latest information.

1 Part I Employee		2 Applicable Large Employer Member (Employer)														
1 Name of employee (first name, middle initial, last name) Kristopher Rowser		2 Social security number (SSN) 325-55-1234		3 of employer ABC Company, Inc.		8 Employer identification number (EIN) 45-5000007										
3 Street address (including apartment no.) 1310 Main Street		9 Street address (including room or suite no.) 1234 Main Street		10 Contact telephone number 650-999-9991												
4 City or town Anytown		5 State or province CA		6 Country and ZIP or foreign postal code 94043		11 City or town Anytown										
				12 State or province CA		13 Country and ZIP or foreign postal code 94043										
Part II Employee Offer of Coverage		Plan Start Month (enter 2-digit number):														
14 Offer of Coverage (enter required code) 1E		All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec		
15 Employee Required Contribution (see instructions) \$		\$ 150.00	\$ 150.00	\$ 150.00	\$ 150.00	\$ 150.00	\$ 150.00	\$ 160.00	\$ 160.00	\$ 160.00	\$ 160.00	\$ 160.00	\$ 160.00	\$ 160.00		
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable) 2C																
Part III Covered Individuals		If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee. <input type="checkbox"/>														
6		(a) Name of covered individual(s) First name, middle initial, last name	(b) SSN or other TIN	(c) DOB (if SSN or other TIN is not available)	(d) Covered (if 12 months)	(e) Months of Coverage										
					Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
17		Kristopher Rowser	325-55-1234		<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"/>
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 (2019)

Section	Description
1	EMPLOYEEs name, address, and telephone Identifies you.
2	EMPLOYERs name, address, and telephone Identifies your employer.
3	Offer of Coverage Identifies <u>who</u> your employer is offering coverage to (<i>See explanation of codes on attached sheet</i>).
4	Employee Share of Lowest Cost Monthly Premium Identifies the <u>lowest monthly cost</u> available to you for <u>employee only</u> coverage that was offered to you by your employer.
5	Applicable Section 4980H Safe Harbor Code Identifies whether you enrolled in health coverage or had a health coverage exemption.
6	Covered Individuals Identifies who is covered under your employer's health plan, and what months they were covered with an "X" for month of coverage. <u>This information may be blank</u> depending on the type of coverage your employer is providing.

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IRS Offer of Coverage Codes

The IRS has developed codes to describe the type of health coverage employers offered to employees, their spouses, and their dependents. This applies to your employers' obligation to provide coverage to you.

Code	Description
1A	Qualified Offer* made to full-time employee, spouse, and dependents
1B	Qualified Offer made to employee only
1C	Qualified Offer made to employee and dependent(s) but not spouse
1D	Qualified Offer made to employee and at least minimum essential value to spouse (but not dependent(s))
1E	Qualified Offer made to employee and at least minimum value to spouse and dependents
1F	Coverage offered did not provide minimum value to employee, spouse and/or dependents
1G	Offer of coverage made to an employee who was not full-time for any month and who enrolled in self-insured coverage for one or more months
1H	No offer of coverage
1I	Reserved
1J	Minimum essential coverage providing minimum value offered to you; minimum essential coverage conditionally offered to your spouse; and minimum essential coverage NOT offered to your dependent(s)
1K	Minimum essential coverage providing minimum value offered to you; minimum essential coverage conditionally offered to your spouse; and minimum essential coverage offered to your dependent(s)
1L	Individual coverage health reimbursement arrangement (HRA) offered to employee only with affordability determined by using employee's primary residence location ZIP Code.
1M	Individual coverage HRA offered to employee and dependent(s) (not spouse) with affordability determined by using employee's primary residence location ZIP Code.
1N	Individual coverage HRA offered to employee, spouse and dependent(s) with affordability determined by using employee's primary residence location ZIP Code.
1O	Individual coverage HRA offered to employee only using the employee's primary employment site ZIP Code affordability safe harbor.
1P	Individual coverage HRA offered to employee and dependent(s) (not spouse) using the employee's primary employment site ZIP Code affordability safe harbor.
1Q	Individual coverage HRA offered to employee, spouse and dependent(s) using the employee's primary employment site ZIP Code affordability safe harbor.
1R	Individual coverage HRA that is NOT affordable offered to employee; employee and spouse or dependent(s); or employee, spouse, and dependents.
1S	Individual coverage HRA offered to an individual who was not a full-time employee

*The IRS has determined that a "Qualified Offer of Coverage is one that provides "Minimum Essential Coverage" providing "Minimum Value" to a full-time employee, their spouse and dependent(s); with an employee contribution for self-only coverage which is equal to or less than 9.5% (as adjusted) of the mainland USA federal poverty line for a single person. (See IRS form 1095-C instructions for full details).

Section 4980H Safe Harbor Codes

The IRS has developed codes to describe whether an employee accepted coverage, and if not, what employer relief is applicable. These codes are used to provide information to the IRS about the employers' obligation.

Code	Description
2A	Employee not employed during the month
2B	Employee not a full-time employee
2C	Employee enrolled in coverage offered
2D	Employee in an initial measurement period
2E	Multiemployer interim rule relief
2F	Affordability Form W-2 safe harbor
2G	Affordability federal poverty line safe harbor
2H	Affordability rate of pay safe harbor