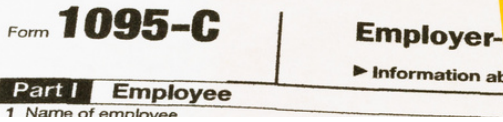


AFFORDABLE CARE ACT IRS FORM 1095-C Informational Sheet



What is Form 1095-C?

The IRS Form 1095-C includes information on whether your employer offered you health insurance during the calendar year, for Affordable Care Act reporting compliance.

Why did I receive a Form 1095-C?

RCUH is required to report all health insurance offers to the IRS annually. All employees who were **offered** health insurance in the prior tax year (regardless if you enrolled or waived) will receive a 1095-C form from RCUH in the mail.

What do the codes on the IRS Form 1095-C mean?

- **Line 14** specifies the type of coverage (if any) offered to an employee, spouse, and eligible dependents. The codes on line 14 may not match the coverage you chose.
- **Line 15** reports the employee share of the lowest-cost monthly premium (for employee only) **offered** by RCUH (regardless if you enrolled or waived). **This is not the amount that was deducted.** If you enrolled in a different medical plan, then the monthly premium you paid may not match what appears on line 15.
 - To check what medical plan you are enrolled in or check you are waived, log into [Employee Self Service](#) > Benefits > Benefits Summary.
 - To confirm the amount deducted (if enrolled) or no deductions (if waived) were made, log into [Employee Self Service](#) > Payroll and Compensation > View Pay Statement.
- **Line 16** reports employee's eligibility for health coverage:

2A	Employee not employed during the month
2B	Employee not a full-time employee for the month
2C	Employee enrolled in health coverage offered for the entire month
2D	The employee had a waiting period and was not yet eligible for coverage
2H	The employer offered the employee coverage that was considered affordable based on the rate of income, but the employee did not enroll

Example 1: Employee and spouse enrolled in PPO. Benefits Summary and pay statements reflect Employee paid \$680.34 per month.

Part II Employee Offer of Coverage		Employee's Age on Jan			
	All 12 Months	Jan	Feb	Mar	Apr
14 Offer of Coverage (enter required code)	1E				
15 Employee Required Contribution (see instructions)	\$ 199.33	\$	\$	\$	\$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)	2C				
17 ZIP Code					

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

Example 2: Employee waived medical. Benefits Summary confirms waived, and pay statements confirm no deductions were made.

Part II Employee Offer of Coverage		Employee's Age on Jan			
	All 12 Months	Jan	Feb	Mar	Apr
14 Offer of Coverage (enter required code)	1E				
15 Employee Required Contribution (see instructions)	\$ 199.33	\$	\$	\$	\$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)	2H				
17 ZIP Code					

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