



ACA Health Insurance Coverage Reporting Information - EMPLOYEES - Answers to Frequently Asked Questions

1. What is the purpose of the ACA health insurance coverage reporting requirements?

The health insurance coverage reporting requirements are intended to help the Internal Revenue Service (IRS) administer several provisions under the Affordable Care Act. Specifically, the IRS will use the information reported by employers to determine whether:

- Individuals are enrolled in coverage that meets the ACA's individual mandate;
- Individuals are (or are not) eligible for subsidies to purchase health insurance in the individual Health Insurance Exchange (Marketplace or kynect); and
- Health coverage offered by a large employer meets the requirements of the ACA's employer mandate or whether the large employer is subject to potential penalties.

2. How is ACA health insurance coverage information provided to employees and the IRS?

Applicable large employers (ALE) with 50 or more full-time employees or full-time equivalents are required to report health insurance offer and coverage information on the IRS Form 1095-C. The coverage information on Form 1095-C is required to be delivered to the covered employee. In addition, each Form 1095-C must be transmitted to the IRS using Form 1094-C.

Employers participating in the Kentucky Employees' Health Plan (KEHP) with fewer than 50 full-time employees are considered "providers of minimum essential coverage" and are required to report health insurance coverage information to their employees on the IRS Form 1095-B. In addition, each Form 1095-B must be transmitted to the IRS using Form 1094-B.

3. How do I know if I should receive a form?

Generally, an ALE must file Form 1095-C for each employee who was a full-time employee of the ALE for any month of the calendar year. In addition, an ALE that sponsors a self-insured health plan must file Form 1095-C for each employee who enrolls in the self-insured health coverage or enrolls a family member in the coverage, regardless of whether the employee is a full-time employee for any month of the calendar year.

For more information regarding Reporting by Employers on Form 1094-C and Form 1095-C, go to <https://www.irs.gov/Affordable-Care-Act/Employers/Questions-and-Answers-about-Information-Reporting-by-Employers-on-Form-1094-C-and-Form-1095-C>.

"Providers of minimum essential coverage" must furnish the Form 1095-B to the responsible individual. The responsible individual may be the primary insured or a related person, such as a parent or spouse who submitted the application for coverage. Refer to Question 2 to determine who is a "provider of minimum essential coverage".

4. What information is provided on these forms?

There are three parts to Form 1095-C:

- Employee and Employer Information (Part I) reports information about you and your employer.
- Employee Offer and Coverage (Part II) reports information about the coverage offered to you by your employer, the affordability of the coverage offered, and the reason why you were or were not offered

- coverage by your employer.
- Covered Individuals (Part III) reports information about the individuals covered under your plan.

There are four parts to Form 1095-B:

- Responsible Individual (Part I) reports information about you.
- Employer Sponsored Coverage (Part II) reports information about the employer sponsoring coverage if an insurance company provides the employer-sponsored health coverage.
- Issuer or Other Coverage Provider (Part III) reports information about the coverage provider,
- Covered Individuals (Part IV) reports information about the individuals covered under your plan.

5. Who will be responsible for providing these forms?

a. *For state agency employees:*

The ACA requires each applicable large employer (ALE) to provide forms for any individual who was a full-time employee with the employer at any time during the preceding calendar year. The ALE must also provide a form for any employee who enrolls in health coverage, whether or not the employee is a full-time employee for any month. If you are an employee of a state agency or division, you are part of the ALE that is "The Commonwealth" ALE and the Personnel Cabinet, Department of Human Resources Administration (DHRA) will report on all state agency employees.

Search [HERE](#) for your employer to determine who will provide your form.

More information about the employer's reporting responsibilities can be found at <https://www.irs.gov/Affordable-Care-Act/Employers/Questions-and-Answers-on-Reporting-of-Offers-of-Health-Insurance-Coverage-by-Employers-Section-6056>.

b. *For select state agencies that share the Commonwealth's employer identification number (EIN):*

These agencies are considered an applicable large employer and are a part of the ALE that is "The Commonwealth". If the agency participates in the Kentucky Employees' Health Plan (KEHP), the Personnel Cabinet, Department of Human Resources Administration (DHRA) will report on the agency's employees.

For any agency that shares the Commonwealth's EIN but does not participate in KEHP, the agency will be responsible for reporting health insurance coverage on the 1095-C form to each of its employees.

Search [HERE](#) for your employer to determine who will provide your form.

c. *For select non-state agencies and health department employees that participate in KEHP:*

Each employer is responsible for filing either the 1095-B or the 1095-C forms for their employees.

Search [HERE](#) for your employer to determine who will provide your form.

d. *For retirees and COBRA subscribers:*

For 2015, the KEHP will be responsible for completing Form 1095-B and delivering the forms to non-Medicare eligible retirees participating in KEHP and COBRA subscribers. The KEHP will also report this information to the IRS on Form 1094-B.

6. When will I receive my form?

Originally, the IRS determined that employers or providers of minimum essential coverage must furnish the

forms to individuals no later than February 1, 2016. The IRS recently extended the deadline for reporting health insurance coverage information to individuals to March 31, 2016. Barring any unforeseen circumstances, the Personnel Cabinet intends to send the forms to state agency employees by early February 2016.

Other employers may have different delivery timeframes. See the answers to Question 6 to determine who will be furnishing your forms to you if you are not a state agency employee.

NOTES:

- If you and your spouse chose the cross-reference payment option through KEHP and you are the secondary planholder, you will receive a form but you will be the only listed covered individual on the form. The primary planholder will receive a form listing all persons covered under the plan, including the secondary planholder.
- You may receive multiple forms if you worked for multiple employers in calendar/tax year 2015.
- If you were not full-time (working an average of 30 or more hours per week in any month) and were not enrolled in healthcare coverage through your employer at any time during 2015, *you should not receive a form*. You may also not receive a form if you were not the primary insured or responsible individual. For example, you should not receive a form if you were listed as a spouse or dependent under another family members plan.

7. What do I need to do with this form?

You may need this form when you complete your tax return for 2015. It is proof of insurance coverage you had in 2015, as required by the ACA.

This form does not need to be submitted with your tax return. It should be kept with your other tax records.

8. Should I wait for the form to file my 2015 tax return?

In most cases, you do not need to wait. Most employees will know whether they had health coverage for a month and can simply check a box on their tax return to attest that they, their spouse (if filing jointly), and any other eligible dependents had “minimum essential coverage” throughout the year.

You should wait for your form if... you received an advance premium tax credit or wish to take the premium tax credit on your return.

9. What happens if I've already filed my 2015 tax return before I receive my form?

For 2015 only, individuals who rely upon other information received from their coverage providers about their coverage for purposes of filing their tax returns need not amend their returns once they receive the form or any corrections. Individuals are not required to send the form to the IRS when filing their returns but should keep it with their tax records.

10. How do I get another copy of my form?

a. For state agency employees:

The form will only be mailed to the home address on file in the Kentucky Human Resource Information System (KHRIS). If you do not receive your form by March 31, 2016, please verify that your address is correct in KHRIS by logging into [KHRIS Employee Self-Service \(ESS\)](#) or through your [agency HR office](#). Once verified and/or corrected, you may request another copy be mailed to you by calling the Personnel Cabinet at 844-203-1300 or by asking your agency HR office to submit a reprint request. Please allow 7-10 business days for the copy to arrive.

- b. *For health department or other select non-state agency employees with coverage through KEHP:*

Contact your local Human Resources (HR) office.

- c. *For retirees and COBRA subscribers:*

If you do not receive your form by March 31, 2016, contact the Kentucky Employees' Health Plan at 888-581-8834, Option 1.

11. Who should I contact if I have questions about the form that I receive, which were not answered in this FAQ?

- a. *For state agency employees:*

Contact the Personnel Cabinet at 844-203-1300. You *may* be asked for call-back information; to include your name, personnel number (PERNR), and phone number.

- b. *For health department or other select non-state agency employees with coverage through KEHP:*

Contact your local HR office.

- c. *For retirees and COBRA subscribers:*

Contact the Kentucky Employees' Health Plan at 888-581-8834, Option 1.

12. What should I do if I think the form I received has an error or I do not agree with the information provided?

You may want to review IRS Form 8965, Health Coverage Exemptions, and Form 8962, Premium Tax Credit (PTC), and related instructions for information. All are available on the IRS website at www.irs.gov. If you still think that there may be an error or you disagree:

- a. *For state agency employees:*

Contact the Personnel Cabinet at 844-203-1300. You *will* be asked for call-back information; to include your name, personnel number (PERNR), phone number, and a brief explanation of what form information you disagree with. Once your concern can be properly researched, you will be contacted for further discussion. Please allow up to 3 business days for your call to be returned.

- b. *For health department or other select non-state agency employees with coverage through KEHP:*

Contact your local HR office.

- c. *For retirees and COBRA subscribers:*

Contact the Kentucky Employees' Health Plan at 888-581-8834, Option 1. You *may* be asked for call-back information; to include your name, phone number, and a brief explanation of what form information you disagree with. Once your concern can be properly researched, you will be contacted for further discussion. Please allow up to 3 business days for your call to be returned.

13. Why are the amounts reported on these forms different than the amount reported in block 12 of the W-2?

Box 14 on Form 1095 reflects the best offer of coverage made to an individual in the month, if any. It does

not reflect the actual coverage the individual enrolled in for 2015.

Box 15 on Form 1095 reflects the employee's monthly cost for employee only coverage under that employees' best offer of coverage. It is not reflective of the actual deductions paid by an employee for coverage during that month, as the employee may have enrolled in another offer of coverage, enrolled additional family members, or waived enrollment. This box will only be completed if Box 14 has a value of 1B, 1C, 1D, or 1E.

14. Tax preparation information:

When electronically filing Form 1095-B with your taxes, you will receive an error message if both Line 2 and Line 3 of Part 1 are blank. This error message should be disregarded if the responsible individual isn't a covered individual identified in Part IV.