

“Decoding” Form 1095-C

For state agencies, higher education institutions, and commodity commissions only

PART I

Lines 1–6 (EMPLOYEE)

What information is listed under “Employee?”

- Name and SSN of the recipient (employee, retiree, PEBB continuation coverage subscriber, or survivor) receiving the Form 1095-C.
- Mailing information is from **payroll data** (if an employee) or **PAY1** (if a retiree, PEBB continuation coverage subscriber, or survivor).

Lines 7–13 (EMPLOYER)

What information is listed under “Employer?”

- Employer name and employer identification number (EIN) of the recipient listed in Line 1.
- This section may list the **former** employer of the recipient (or the former employer of the recipient’s spouse or registered domestic partner). The employer contact number listed on Line 10 is for the recipient to call with questions about the information reported on the form.

PART II

Part II provides information about PEBB medical coverage (e.g., Retiree, COBRA, or LWOP) offered to a recipient. **IMPORTANT! Part II information is only relevant to the recipient if the recipient enrolled in a medical plan through the Health Benefit Exchange during the tax year. In this case, the information in Part II can help the recipient determine if he or she was eligible for a premium tax credit. Otherwise, Part II information is not relevant to a recipient** (read more on this from the [IRS](#)).

For the following code descriptions, an employee will be referred to as “full-time” or “not full-time” based on the Affordable Care Act (ACA) “full-time” standard of 130 or more hours of service in a month.

Line 14

This line describes the offer of coverage from the employer (or former employer) to the recipient (employee, retiree, PEBB continuation coverage subscriber, or survivor). A code should be entered for each month (or one code in the “Covered all 12 months” column).

- **1H** = Employee **was not** offered PEBB coverage (which may include months of the tax year before or after the individual was an employee); **or** Retiree (if not a retiree for all 12 months of the tax year) ; **or** Former employee who may have been offered PEBB continuation coverage (e.g., received the *PEBB Continuation Coverage Election Notice*).
- **1E** = Employee, spouse, and children **were offered** PEBB coverage.
 - Usually this is for an employee who is eligible for the employer contribution for PEBB benefits.
 - Sometimes, this is for a current employee who was offered (family tier) PEBB continuation coverage after loss of eligibility (e.g., COBRA, LWOP). The premium listed in Line 15 confirm which of these two scenarios applies.

	<ul style="list-style-type: none"> • 1B = Employee (only) was offered PEBB continuation coverage after loss of eligibility (e.g., COBRA, LWOP). • 1C = Employee and children (but not spouse) were offered PEBB continuation coverage after loss of eligibility (e.g., COBRA, LWOP). • 1D = Employee and spouse (but not children) were offered PEBB continuation coverage after loss of eligibility (e.g., COBRA, LWOP). • 1G = <u>Employee</u> was “not full-time” under the ACA standard <u>for the entire report year</u> and enrolled in Uniform Medical Plan for at least one month; [or] • 1G = A <u>former employee</u> or <u>former employee’s</u> spouse, registered domestic partner, or child <u>for the entire report year</u> and enrolled in Uniform Medical Plan for at least one month. 																																																		
Line 15	<p>A value is only reported on this line if Line 14 includes a 1B, 1C, 1D, or 1E code. The value is the lowest cost monthly premium for a single subscriber for UMP CDHP coverage. This value is used even if the employee/subscriber enrolled in a <u>different</u> medical plan or <u>waived</u> employee coverage.</p> <ul style="list-style-type: none"> • If EMPLOYEE coverage was offered: <table border="1" data-bbox="431 913 1263 976"> <thead> <tr> <th>Form Year:</th> <th>2015</th> <th>2016</th> <th>2017</th> <th>2018</th> </tr> </thead> <tbody> <tr> <td>Value:</td> <td>\$31.00</td> <td>\$21.00</td> <td>\$25.00</td> <td>\$25.00</td> </tr> </tbody> </table> • If employee was enrolled in RETIREE coverage while working, without being eligible for employee coverage: <table border="1" data-bbox="431 1079 1263 1173"> <thead> <tr> <th>Form Year:</th> <th>2015</th> <th>2016</th> <th>2017</th> <th>2018</th> </tr> </thead> <tbody> <tr> <td>Value (Non-Medicare):</td> <td>\$535.82</td> <td>\$522.47</td> <td>\$562.91</td> <td>\$588.91</td> </tr> <tr> <td>Value (Medicare):</td> <td>\$234.69</td> <td>\$267.89</td> <td>\$278.13</td> <td>\$333.64</td> </tr> </tbody> </table> • If employee was enrolled in or offered COBRA coverage while working because the employee lost eligibility but continued working: <table border="1" data-bbox="431 1276 1263 1371"> <thead> <tr> <th>Form Year:</th> <th>2015</th> <th>2016</th> <th>2017</th> <th>2018</th> </tr> </thead> <tbody> <tr> <td>Value (Non-Medicare):</td> <td>\$535.82</td> <td>\$522.47</td> <td>\$562.91</td> <td>\$588.91</td> </tr> <tr> <td>Value (Medicare):</td> <td>\$384.69</td> <td>\$417.89</td> <td>\$428.13</td> <td>\$483.64</td> </tr> </tbody> </table> • If LWOP coverage was offered: <table border="1" data-bbox="431 1432 1263 1495"> <thead> <tr> <th>Form Year:</th> <th>2015</th> <th>2016</th> <th>2017</th> <th>2018</th> </tr> </thead> <tbody> <tr> <td>Value:</td> <td>\$535.82</td> <td>\$522.47</td> <td>\$562.91</td> <td>\$588.91</td> </tr> </tbody> </table> 	Form Year:	2015	2016	2017	2018	Value:	\$31.00	\$21.00	\$25.00	\$25.00	Form Year:	2015	2016	2017	2018	Value (Non-Medicare):	\$535.82	\$522.47	\$562.91	\$588.91	Value (Medicare):	\$234.69	\$267.89	\$278.13	\$333.64	Form Year:	2015	2016	2017	2018	Value (Non-Medicare):	\$535.82	\$522.47	\$562.91	\$588.91	Value (Medicare):	\$384.69	\$417.89	\$428.13	\$483.64	Form Year:	2015	2016	2017	2018	Value:	\$535.82	\$522.47	\$562.91	\$588.91
Form Year:	2015	2016	2017	2018																																															
Value:	\$31.00	\$21.00	\$25.00	\$25.00																																															
Form Year:	2015	2016	2017	2018																																															
Value (Non-Medicare):	\$535.82	\$522.47	\$562.91	\$588.91																																															
Value (Medicare):	\$234.69	\$267.89	\$278.13	\$333.64																																															
Form Year:	2015	2016	2017	2018																																															
Value (Non-Medicare):	\$535.82	\$522.47	\$562.91	\$588.91																																															
Value (Medicare):	\$384.69	\$417.89	\$428.13	\$483.64																																															
Form Year:	2015	2016	2017	2018																																															
Value:	\$535.82	\$522.47	\$562.91	\$588.91																																															
Line 16	<p>Describes (to the IRS) the reason the employer is exempt from potential “Employer Shared Responsibility” penalties for a month. In some cases, multiple codes may apply; however, only one code is allowed.</p> <ul style="list-style-type: none"> • 2A = Employee was not employed on any day of the month; or Former employee enrolled in PEBB continuation coverage (e.g., Retiree, COBRA, LWOP) for the month. • 2B = Employee was “not full-time” under the ACA standard for the month and did not enroll in PEBB coverage, if offered for the month. 																																																		

	<ul style="list-style-type: none"> • 2C = Employee enrolled in PEBB coverage for each day of the month. • 2D = Employee is in a month considered a “limited non-assessment period” under ACA rules during which no penalties apply to the employer. • 2G = Employee was offered coverage, and no other Line 16 codes apply for the month. In many cases, this code is used when the employee waived enrollment in PEBB medical.
--	---

PART III

<input checked="" type="checkbox"/> If the recipient listed in Line 1 or his or her dependent(s) enrolled in self-insured coverage (any Uniform Medical Plan (UMP) coverage), the box above line 17 will be checked.	
Lines 17–22: (the employee may have an additional page under Part III, which will list all dependents enrolled in UMP.)	Lists all individuals enrolled in UMP in the report year, the last 4 digits of their SSN (or date of birth if no SSN), and the specific months of enrollment.
<p><i>If the Line 1 recipient:</i></p> <p>Was enrolled in self-insured coverage (any Uniform Medical Plan coverage):</p> <ul style="list-style-type: none"> • The subscriber listed in Line 1 and any dependent(s) enrolled under the subscriber’s UMP coverage will be listed in Lines 17-22. The specific months of enrollment are identified by checkboxes. <p>Was enrolled in fully-insured coverage (e.g., Kaiser Permanente, Group Health Cooperative):</p> <ul style="list-style-type: none"> • Lines 17-22 will be blank. • The subscriber listed in Line 1 will receive a Form 1095-B directly from the health plan that describes enrollment of all covered individuals. <p>Was enrolled in a UMP/Premera Blue Cross Medicare Supplement Plan F combination account:</p> <ul style="list-style-type: none"> • If the subscriber enrolled in Premera Blue Cross Medicare Supplement Plan F, the subscriber will be listed in Line 1, but will not be listed in Lines 17-22. Any dependents enrolled in UMP will be listed in Lines 17-22. • If the subscriber enrolled in UMP, the subscriber will be listed in Line 1, and will be listed in Lines 17-22. Any dependents enrolled in UMP will be listed in Lines 17-22. Any dependents enrolled in Premera Blue Cross Medicare Supplement Plan F will not be listed in Lines 17-22. <p>Was not enrolled in PEBB medical coverage (e.g., waived PEBB medical or did not receive an offer of coverage):</p> <ul style="list-style-type: none"> • Lines 17-22 will be blank. 	