

“Decoding” Form 1095-C

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

PART I

Lines 1–6 (EMPLOYEE) <i>What information is listed under “Employee?”</i>
<ul style="list-style-type: none">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) <i>What information is listed under “Employer?”</i>
<ul style="list-style-type: none">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 recipient’s spouse, registered domestic partner, or child). The 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! This information is only relevant if the recipient enrolled in a medical plan through the Health Benefit Exchange. 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). <ul style="list-style-type: none">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 <i>PEBB Continuation Coverage Election Notice</i>).1E = Employee, spouse, and children were offered PEBB coverage. (This is usually an employee who is eligible for the employer contribution for PEBB benefits. Sometimes, this is an employee who was offered PEBB continuation coverage after loss of eligibility (e.g., COBRA, LWOP). The premium listed in Line 15 confirms which 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 = Employee was “not full-time” under the ACA standard for the entire report year and enrolled in Uniform Medical Plan for at least one month; or A former employee or former employee’s spouse, registered domestic partner, or child for the entire report year 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.</p> <ul style="list-style-type: none"> • If employee coverage was offered, the value will be \$31.00. This is the lowest cost monthly premium for a single subscriber under the Uniform Medical Plan CDHP. This value is reported even if the employee enrolled in a different medical plan or waived PEBB medical. • If PEBB continuation coverage (e.g., COBRA, LWOP) was offered because the employee lost eligibility, the value will be \$535.82. If the value is \$384.69, the employee was offered COBRA coverage and enrolled in Medicare.
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. • 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

<p>✓ If the recipient listed in Line 1 or his or her dependent(s) enrolled in Uniform Medical Plan (UMP) coverage, the box above line 17 will be checked.</p>	
<p>Lines 17–22: (the employee may have an additional page under</p>	<p>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>

Part III, which will list all dependents enrolled in UMP.)

If the Line 1 recipient:

Is enrolled in Uniform Medical Plan (UMP):

- 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.

Is enrolled in Group Health or Kaiser Permanente:

- Lines 17-22 will be blank.
- The subscriber listed in Line 1 will receive a Form 1095-B from the plan that describes enrollment of all covered individuals.

Is enrolled in a UMP/Premera Blue Cross Medicare Supplement Plan F combination account:

- 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.

Is not enrolled in PEBB medical coverage (e.g., waived PEBB medical or did not receive an offer of coverage):

- Lines 17-22 will be blank.