

“Decoding” Form 1095-C: Tax Years 2020-2024

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

TOP OF FORM 1095-C

VOID Checkbox
<ul style="list-style-type: none">IRS does <u>not</u> currently allow use of the VOID box.If a Form 1095-C shouldn't have been issued, the form will be corrected by reporting code 1G in Line 14, code 2A in line 16, and no enrollment reported in Part III. <i>Scenario:</i> A Form 1095-C was issued to a recipient under a particular SSN and later (due to retroactive data changes) it was determined they shouldn't have received it because they were not “full time” and not enrolled in UMP coverage for at least a month of the report year.
CORRECTED Checkbox
<ul style="list-style-type: none">Corrections <u>before</u> March 31 of the year the original form was issued: The word “CORRECTED” will be printed at the top center of the form (in the margin), and the CORRECTED checkbox will <u>not</u> be checked (e.g., <input type="checkbox"/> CORRECTED).Corrections <u>after</u> March 31 of the year the original form was issued: The CORRECTED checkbox will be checked (e.g., <input checked="" type="checkbox"/> CORRECTED).

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 Benefits 24/7 (through 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 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](#)).

In the Part II heading line, the “Employee’s Age on January 1” is always blank, and the “Plan Start Month” is 01 because the PEBB plan year begins in January.

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.

<p>Line 14</p>	<p>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).</p> <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. <ul style="list-style-type: none"> ○ 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 confirms which of these scenarios applies. • 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; <p style="text-align: center;">[or]</p> • 1G = The form recipient was 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. <p style="text-align: center;">[or]</p> • 1G = In rare cases, a corrected form with only code 1G in Line 14, code 2A in Line 16, and no enrollment reported in Part III is produced in lieu of voiding a form. See “VOID Checkbox” description on page 1 of this document.
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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="443 344 1414 407"> <tr> <td>Form Year:</td><td>2020</td><td>2021</td><td>2022</td><td>2023</td><td>2024</td></tr> <tr> <td>Value:</td><td>\$25.00</td><td>\$25.00</td><td>\$24.00</td><td>\$29.00</td><td>\$35.00</td></tr> </table> If employee was enrolled in RETIREE coverage while working, without being eligible for employee coverage: <table border="1" data-bbox="443 510 1414 604"> <tr> <td>Form Year:</td><td>2020</td><td>2021</td><td>2022</td><td>2023</td><td>2024</td></tr> <tr> <td>Value (Non-Medicare):</td><td>\$608.35</td><td>\$618.52</td><td>\$638.69</td><td>\$704.42</td><td>\$747.79</td></tr> <tr> <td>Value (Medicare):</td><td>\$320.54</td><td>\$336.30</td><td>\$364.87</td><td>\$438.34</td><td>\$532.94</td></tr> </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="443 707 1414 802"> <tr> <td>Form Year:</td><td>2020</td><td>2021</td><td>2022</td><td>2023</td><td>2024</td></tr> <tr> <td>Value (Non-Medicare):</td><td>\$608.35</td><td>\$618.52</td><td>\$638.69</td><td>\$704.42</td><td>\$747.79</td></tr> <tr> <td>Value (Medicare):</td><td>\$503.54</td><td>\$519.30</td><td>\$547.87</td><td>\$621.34</td><td>\$715.94</td></tr> </table> If LWOP coverage was offered: <table border="1" data-bbox="443 863 1414 926"> <tr> <td>Form Year:</td><td>2020</td><td>2021</td><td>2022</td><td>2023</td><td>2024</td></tr> <tr> <td>Value:</td><td>\$608.35</td><td>\$618.52</td><td>\$638.69</td><td>\$704.42</td><td>\$747.79</td></tr> </table> 	Form Year:	2020	2021	2022	2023	2024	Value:	\$25.00	\$25.00	\$24.00	\$29.00	\$35.00	Form Year:	2020	2021	2022	2023	2024	Value (Non-Medicare):	\$608.35	\$618.52	\$638.69	\$704.42	\$747.79	Value (Medicare):	\$320.54	\$336.30	\$364.87	\$438.34	\$532.94	Form Year:	2020	2021	2022	2023	2024	Value (Non-Medicare):	\$608.35	\$618.52	\$638.69	\$704.42	\$747.79	Value (Medicare):	\$503.54	\$519.30	\$547.87	\$621.34	\$715.94	Form Year:	2020	2021	2022	2023	2024	Value:	\$608.35	\$618.52	\$638.69	\$704.42	\$747.79
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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 Uniform Medical Plan 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. 																																																												
Line 17	<p>Line 17 is not applicable and is blank. It is only completed when the employer offer of coverage is for an individual coverage health reimbursement account.</p>																																																												

PART III

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 in the Part III heading line will be checked.

Part III includes space for 13 covered individuals (lines 18-30). If there are more than 13 covered individuals, an additional page will be included that provides additional space for more individuals.

Lines 18-30:

Lists all individuals enrolled in UMP in the report year, the last 4 digits of their SSN (or date of birth if a valid SSN is not available), and the specific months of enrollment.

If the Line 1 recipient:

Was enrolled in self-insured coverage (any Uniform Medical Plan coverage):

- The subscriber listed in Line 1 and any dependent(s) enrolled under the subscriber's UMP coverage will be listed in Lines 18-30. The specific months of enrollment are identified by checkboxes.

Was enrolled in fully-insured coverage (e.g., Kaiser Permanente WA, Kaiser Permanente NW):

- Lines 18-30 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.

Was enrolled in a UMP/ Medicare supplement plan combination account (e.g., UMP and Premera Blue Cross Plan F or Plan G, or UnitedHealthcare PEBB Balance or PEBB Complete):

- If the subscriber enrolled in a Medicare supplement plan, the subscriber **will** be listed in Line 1, but **will not** be listed in Lines 18-30. Dependents enrolled in UMP **will** be listed in Lines 18-30.
- If the subscriber enrolled in UMP, the subscriber **will** be listed in Line 1, and **will** be listed in Line 18. Dependents enrolled in UMP **will** be listed in Lines 19-30. Dependents enrolled in a Medicare supplement plan **will not** be listed in Lines 19-30.

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

- Lines 18-30 will be blank.