

The Baldwin Regulatory Compliance Collaborative

ACA Information Reporting: Hypothetical Scenarios



ACA Information Reporting: Hypothetical Scenarios



Part One: Introduction to Information Reporting Hypothetical Scenarios

Think of this document as your worksheet for evaluating and creating successful, accurate ACA information reporting code sets for Lines 14-16 of IRS Form 1095-C (2022). Designed to provide Applicable Large Employers (“ALE’s”) with a means by which to certify performance of certain obligations contained within the ACA’s Employer Shared Responsibility Provisions (also known as the “Employer Mandate”), the hypothetical information reporting scenarios incorporated herein demonstrate proposed ACA information reporting responses reflective of the affordability, minimum value, and minimum essential coverage standards.

For each of the following hypothetical scenarios, please first find a brief summary of factual circumstances related to the scenario. Then, hypothetical Form 1095-C excerpts are incorporated, guiding a practitioner through the accurate utilization of the IRS information reporting code sets designed for Lines 14-16 of the Form 1095-C. Keep in mind there may be alternative reporting methodologies for the hypothetical scenarios presented below and the code set examples utilized herein are merely suggested inputs based on brief statements of fact. To the extent you have additional questions, please contact your local service experience team members for consultation and additional support.

Part Two: Hypothetical Reporting Scenarios

I. ON-GOING FULL-TIME EMPLOYEES AS OF JANUARY 1, 2022 (S:1 – S:10)

- 1) Fulltime employee eligible January 1, 2022 (or earlier) and was offered and elected MEC coverage, lowest cost plan option changes at renewal (July 1 plan year). The Federal Poverty Level (FPL) Safe Harbor for the remainder of the 2021 plan year is \$105.51 (\$12,880/12 X 9.83%). For the 2022 plan year the FPL is \$108.83 per month (\$13,590/12 X 9.61%):**

ACA Information Reporting: Hypothetical Scenarios



Coverage offered to dependents and Spouse, lowest cost option is < FPL, and satisfies FPL safe harbor:

Part II Employee Offer of Coverage							Plan Start Month (Enter 2-digit number): 07						
14 Offer of Coverage (enter required code)	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
1A													
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)	2C												

Coverage offered to dependents and Spouse, lowest cost option is > FPL, and satisfies Rate of Pay safe harbor:

Part II Employee Offer of Coverage				Employee's Age on January 1					Plan Start Month (enter 2-digit number):				
14 Offer of Coverage (enter required code)	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
IE													
15 Employee Required Contribution (see instructions)	\$	\$113	\$113	\$113	\$113	\$113	\$113	\$120	\$120	\$120	\$120	\$120	\$120
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)	2C												

Coverage offered to dependents and *conditional coverage* offered to Spouse, lowest cost option is > FPL, and Satisfies rate of pay safe harbor:

Part II Employee Offer of Coverage				Employee's Age on January 1					Plan Start Month (enter 2-digit number):				
14 Offer of Coverage (enter required code)	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
IK													
15 Employee Required Contribution (see instructions)	\$	\$113	\$113	\$113	\$113	\$113	\$113	\$120	\$120	\$120	\$120	\$120	\$120
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)	2C												

ACA Information Reporting: Hypothetical Scenarios



- 2) Fulltime employee eligible January 1, 2022 and was offered and enrolled in MEC for the remainder of the 2021 plan year ending June 30, 2022; waived coverage for the 2022 plan year beginning July 1, 2022; and lowest cost plan option changes at renewal (July 1) from \$113 to \$120:

Coverage offered to dependents and Spouse and lowest cost option for 2021 plan year satisfies FPL safe harbor. For 2022 plan year, lowest cost option is > FPL and satisfies Rate of Pay safe harbor:

Part II Employee Offer of Coverage							Plan Start Month (Enter 2-digit number): 07						
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
14 Offer of Coverage (enter required code)		1A	1A	1A	1A	1A	1A	1E	1E	1E	1E	1E	1E
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$	\$	\$	\$ 115	\$ 115	\$ 115	\$ 115	\$ 115	\$ 115
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2C	2C	2C	2C	2C	2C	2H	2H	2H	2H	2H	2H

Coverage offered to dependents and Spouse for 2021 plan year and satisfies Rate of Pay safe harbor. Employee elects coverage. For 2022 plan year, coverage offered to dependents and conditional coverage offered to Spouse. Employee waives coverage. Lowest cost option satisfies Rate of Pay safe harbor:

Part II Employee Offer of Coverage							Employee's Age on January 1							Plan Start Month (enter 2-digit number):			
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec				
14 Offer of Coverage (enter required code)		IE	IE	IE	IE	IE	IE	1K	1K	1K	1K	1K	1K				
15 Employee Required Contribution (see instructions)	\$	\$113	\$113	\$113	\$113	\$113	\$113	\$120	\$120	\$120	\$120	\$120	\$120				
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2C	2C	2C	2C	2C	2C	2H	2H	2H	2H	2H	2H				

ACA Information Reporting: Hypothetical Scenarios



3) Fulltime employee eligible January 1, 2022 (or earlier) and offered but waived MEC coverage, lowest cost plan option changes at renewal (July 1):

Coverage offered to dependents and Spouse, lowest cost option is < FPL, and satisfies FPL safe harbor:

Part II Employee Offer of Coverage					Plan Start Month (Enter 2-digit number): 07											
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec			
14 Offer of Coverage (enter required code)	1A															
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$			
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)	2G															

Coverage offered to dependents and Spouse, lowest cost option is > FPL, and satisfies Rate of Pay safe harbor:

Part II Employee Offer of Coverage					Employee's Age on January 1					Plan Start Month (enter 2-digit number):						
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec			
14 Offer of Coverage (enter required code)	IE															
15 Employee Required Contribution (see instructions)	\$	\$113	\$113	\$113	\$113	\$113	\$113	\$120	\$120	\$120	\$120	\$120	\$120			
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)	2H															

Coverage offered to dependents and conditional coverage offered to Spouse, lowest cost option is > FPL, and satisfies Rate of Pay safe harbor:

Part II Employee Offer of Coverage					Employee's Age on January 1					Plan Start Month (enter 2-digit number):						
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec			
14 Offer of Coverage (enter required code)	IK															
15 Employee Required Contribution (see instructions)	\$	\$113	\$113	\$113	\$113	\$113	\$113	\$120	\$120	\$120	\$120	\$120	\$120			
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)	2H															

ACA Information Reporting: Hypothetical Scenarios



- 4) Fulltime employee eligible January 1, 2022 (or earlier) but not offered MEC coverage:

Part II Employee Offer of Coverage							Plan Start Month (Enter 2-digit number): 07						
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
14 Offer of Coverage (enter required code)	1H												
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)													

- 5) Fulltime employee eligible January 1, 2022 (or earlier), MEC coverage is offered to Spouse and dependents, and employee waives coverage because it is not affordable:

Part II Employee Offer of Coverage							Plan Start Month (Enter 2-digit number): 07						
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
14 Offer of Coverage (enter required code)	1E												
15 Employee Required Contribution (see instructions)	\$	\$ 300	\$ 300	\$ 300	\$ 300	\$ 300	\$ 300	\$ 350	\$ 350	\$ 350	\$ 350	\$ 350	\$ 350
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)													

ACA Information Reporting: Hypothetical Scenarios



- 6) Fulltime employee eligible January 1, 2022 (or earlier); offered and elected coverage; terminated mid-year; coverage through end of the month terminated (*e.g.*, July 31, 2022); lowest cost plan option changes at renewal (July 1):

Coverage offered to dependents and Spouse, lowest cost option is < FPL, and satisfies FPL safe harbor:

Part II Employee Offer of Coverage								Plan Start Month (Enter 2-digit number): 07					
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
14 Offer of Coverage (enter required code)		1A	1A	1A	1A	1A	1A	1A	1H	1H	1H	1H	1H
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2C	2C	2C	2C	2C	2C	2C	2A	2A	2A	2A	2A

Coverage offered to dependents and Spouse, lowest cost option is > FPL, and satisfies Rate of Pay safe harbor:

Part II Employee Offer of Coverage								Employee's Age on January 1						Plan Start Month (enter 2-digit number):	
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec		
14 Offer of Coverage (enter required code)		1E	1E	1E	1E	1E	1E	1E	1H	1H	1H	1H	1H		
15 Employee Required Contribution (see instructions)	\$	\$113	\$113	\$113	\$113	\$113	\$113	\$120							
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2C	2C	2C	2C	2C	2C	2C	2A	2A	2A	2A	2A		

Coverage offered to dependents and conditional coverage offered to Spouse, lowest cost option is > FPL, and satisfies Rate of Pay safe harbor:

Part II Employee Offer of Coverage								Employee's Age on January 1						Plan Start Month (enter 2-digit number):	
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec		
14 Offer of Coverage (enter required code)		1K	1K	1K	1K	1K	1K	1K	1H	1H	1H	1H	1H		
15 Employee Required Contribution (see instructions)	\$	\$113	\$113	\$113	\$113	\$113	\$113	\$120							
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2C	2C	2C	2C	2C	2C	2C	2A	2A	2A	2A	2A		

ACA Information Reporting: Hypothetical Scenarios



7) Fulltime employee eligible January 1, 2022 (or earlier) and offered and elected coverage; terminated mid-year; coverage through date of termination (July 15, 2022):

Coverage offered to dependents and Spouse, lowest cost option is < FPL, and satisfies FPL safe harbor:

Part II Employee Offer of Coverage							Plan Start Month (Enter 2-digit number): 07						
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
14 Offer of Coverage (enter required code)		1A	1A	1A	1A	1A	1A	1H	1H	1H	1H	1H	1H
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2C	2C	2C	2C	2C	2C	2B	2A	2A	2A	2A	2A

Coverage offered to dependents and Spouse, lowest cost option is > FPL, and satisfies Rate of Pay safe harbor:

Part II Employee Offer of Coverage							Employee's Age on January 1							Plan Start Month (enter 2-digit number):						
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec							
14 Offer of Coverage (enter required code)		IE	IE	IE	IE	IE	IE	1H	1H	1H	1H	1H	1H							
15 Employee Required Contribution (see instructions)	\$	\$113	\$113	\$113	\$113	\$113	\$113													
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2C	2C	2C	2C	2C	2C	2B	2A	2A	2A	2A	2A							

Coverage offered to dependents and conditional coverage offered to Spouse, lowest cost option is > FPL, and satisfies Rate of Pay safe harbor:

Part II Employee Offer of Coverage							Employee's Age on January 1							Plan Start Month (enter 2-digit number):						
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec							
14 Offer of Coverage (enter required code)		IK	IK	IK	IK	IK	IK	1H	1H	1H	1H	1H	1H							
15 Employee Required Contribution (see instructions)	\$	\$113	\$113	\$113	\$113	\$113	\$113													
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2C	2C	2C	2C	2C	2C	2B	2A	2A	2A	2A	2A							

ACA Information Reporting: Hypothetical Scenarios



- 8) Fulltime employee eligible January 1, 2022 (or earlier) and offered but waived coverage; terminated mid-year; coverage offered through end of month terminated (July 31, 2022); lowest cost plan option changes at renewal (July 1):

Coverage offered to dependents and Spouse, lowest cost option is < FPL, and satisfies FPL safe harbor:

Part II Employee Offer of Coverage							Plan Start Month (Enter 2-digit number): 07						
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
14 Offer of Coverage (enter required code)		1A	1A	1A	1A	1A	1A	1A	1H	1H	1H	1H	1H
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2G	2G	2G	2G	2G	2G	2G	2A	2A	2A	2A	2A

Coverage offered to dependents and Spouse, lowest cost option is > FPL, and satisfies Rate of Pay safe harbor:

Part II Employee Offer of Coverage							Employee's Age on January 1							Plan Start Month (enter 2-digit number):						
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec							
14 Offer of Coverage (enter required code)		1E	1E	1E	1E	1E	1E	1E	1H	1H	1H	1H	1H							
15 Employee Required Contribution (see instructions)	\$	\$113	\$113	\$113	\$113	\$113	\$113	\$120												
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2H	2H	2H	2H	2H	2H	2H	2A	2A	2A	2A	2A							

Coverage offered to dependents and conditional coverage offered to Spouse, lowest cost option is > FPL, and satisfies Rate of Pay safe harbor:

Part II Employee Offer of Coverage							Employee's Age on January 1							Plan Start Month (enter 2-digit number):						
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec							
14 Offer of Coverage (enter required code)		1K	1K	1K	1K	1K	1K	1K	1H	1H	1H	1H	1H							
15 Employee Required Contribution (see instructions)	\$	\$113	\$113	\$113	\$113	\$113	\$113	\$120												
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2H	2H	2H	2H	2H	2H	2H	2A	2A	2A	2A	2A							

ACA Information Reporting: Hypothetical Scenarios



9) Fulltime employee eligible January 1, 2022 (or earlier) and offered but waived coverage; terminated mid-year; coverage offered through date terminated (July 15, 2022):

Coverage offered to dependents and Spouse, lowest cost option is < FPL, and satisfies FPL safe harbor:

Part II Employee Offer of Coverage							Plan Start Month (Enter 2-digit number): 07						
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
14 Offer of Coverage (enter required code)		1A	1A	1A	1A	1A	1A	1H	1H	1H	1H	1H	1H
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2G	2G	2G	2G	2G	2G	2B	2A	2A	2A	2A	2A

Coverage offered to dependents and Spouse, lowest cost option is > FPL, and satisfies Rate of Pay safe harbor:

Part II Employee Offer of Coverage							Employee's Age on January 1							Plan Start Month (enter 2-digit number):						
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec							
14 Offer of Coverage (enter required code)		1E	1E	1E	1E	1E	1E	1H	1H	1H	1H	1H	1H							
15 Employee Required Contribution (see instructions)	\$	\$113	\$113	\$113	\$113	\$113	\$113													
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2H	2H	2H	2H	2H	2H	2B	2A	2A	2A	2A	2A							

Coverage offered to dependents and conditional coverage offered to Spouse, lowest cost option is > FPL, and satisfies Rate of Pay safe harbor:

Part II Employee Offer of Coverage							Employee's Age on January 1							Plan Start Month (enter 2-digit number):						
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec							
14 Offer of Coverage (enter required code)		1K	1K	1K	1K	1K	1K	1H	1H	1H	1H	1H	1H							
15 Employee Required Contribution (see instructions)	\$	\$113	\$113	\$113	\$113	\$113	\$113													
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2H	2H	2H	2H	2H	2H	2B	2A	2A	2A	2A	2A							

ACA Information Reporting: Hypothetical Scenarios



10) Fulltime employee eligible January 1, 2022 (or earlier) but not offered coverage; terminated mid-year (*e.g.*, August 13, 2022):

Part II Employee Offer of Coverage								Plan Start Month (enter 2-digit number):					
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
14 Offer of Coverage (enter required code)	1H												
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)									2B	2A	2A	2A	2A

ACA Information Reporting: Hypothetical Scenarios



II. FULL-TIME EMPLOYEES HIRED IN 2022 (S:11 – S:12)

11) Fulltime employee eligible January 1, 2022 (or earlier) and was offered and elected MEC coverage, lowest cost plan option changes at renewal (July 1 plan year):

Coverage offered to dependents and Spouse, lowest cost option is < FPL, and satisfies FPL safe harbor:

Part II Employee Offer of Coverage							Plan Start Month (Enter 2-digit number): 07						
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
14 Offer of Coverage (enter required code)		1H	1H	1H	1H	1H	1H	1H	1A	1A	1A	1A	1A
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2A	2A	2A	2A	2D	2D	2D	2C	2C	2C	2C	2C

Coverage offered to dependents and Spouse, lowest cost option is > FPL, and satisfies Rate of Pay safe harbor:

Part II Employee Offer of Coverage							Plan Start Month (Enter 2-digit number): 07						
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
14 Offer of Coverage (enter required code)		1H	1H	1H	1H	1H	1H	1H	1E	1E	1E	1E	1E
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$	\$	\$	\$	\$ 115	\$ 115	\$ 115	\$ 115	\$ 115
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2A	2A	2A	2A	2D	2D	2D	2C	2C	2C	2C	2C

Coverage offered to dependents and conditional coverage offered to Spouse, lowest cost option is > FPL, and satisfies Rate of Pay safe harbor:

Part II Employee Offer of Coverage							Plan Start Month (Enter 2-digit number): 07						
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
14 Offer of Coverage (enter required code)		1H	1H	1H	1H	1H	1H	1H	1K	1K	1K	1K	1K
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$	\$	\$	\$	\$ 115	\$ 115	\$ 115	\$ 115	\$ 115
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2A	2A	2A	2A	2D	2D	2D	2C	2C	2C	2C	2C

ACA Information Reporting: Hypothetical Scenarios



12) Fulltime newly hired during 2022 (e.g., May 20, 2022) and offered coverage subject to 60 day waiting period; waived coverage (*applies to both monthly and look-back measurement method*):

Coverage offered to dependents and Spouse, lowest cost option is < FPL, and satisfies FPL safe harbor:

Part II Employee Offer of Coverage							Plan Start Month (Enter 2-digit number): 07						
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
14 Offer of Coverage (enter required code)		1H	1H	1H	1H	1H	1H	1H	1A	1A	1A	1A	1A
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2A	2A	2A	2A	2D	2D	2D	2G	2G	2G	2G	2G

Coverage offered to dependents and Spouse, lowest cost option is > FPL, and satisfies Rate of Pay safe harbor:

Part II Employee Offer of Coverage							Plan Start Month (Enter 2-digit number): 07						
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
14 Offer of Coverage (enter required code)		1H	1H	1H	1H	1H	1H	1H	1E	1E	1E	1E	1E
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$	\$	\$	\$	\$ 115	\$ 115	\$ 115	\$ 115	\$ 115
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2A	2A	2A	2A	2D	2D	2D	2H	2H	2H	2H	2H

Coverage offered to dependents and conditional coverage offered to Spouse, lowest cost option is > FPL, and satisfies Rate of Pay safe harbor:

Part II Employee Offer of Coverage							Plan Start Month (Enter 2-digit number): 07						
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
14 Offer of Coverage (enter required code)		1H	1H	1H	1H	1H	1H	1H	1K	1K	1K	1K	1K
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$	\$	\$	\$	\$ 115	\$ 115	\$ 115	\$ 115	\$ 115
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2A	2A	2A	2A	2D	2D	2D	2H	2H	2H	2H	2H

ACA Information Reporting: Hypothetical Scenarios



III. EMPLOYEE TRANSFERS TO/FROM PART-TIME STATUS (S:13-S:15)

- 13) Fulltime employee eligible January 1, 2022 (or earlier) and offered and elected MEC coverage; transferred to PT benefit ineligible status mid-year (e.g., September 1, 2022); monthly measurement method; offered COBRA that is unaffordable; lowest cost plan option changes at renewal (July 1):**

Active coverage offered to dependents and Spouse, lowest cost option is < FPL, and satisfies FPL safe harbor. All enroll and offered COBRA:

Part II Employee Offer of Coverage		Plan Start Month (Enter 2-digit number): 07											
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
14 Offer of Coverage (enter required code)		1A	1A	1A	1A	1A	1A	1A	1A	1E	1E	1E	1E
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$ 450	\$ 450	\$ 450	\$ 450
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2C	2C	2C	2C	2C	2C	2C	2C	2B	2B	2B	2B

Active coverage offered to dependents and Spouse, lowest cost option is > FPL, and satisfies Rate of Pay safe harbor. All enroll and offered COBRA:

Part II Employee Offer of Coverage		Employee's Age on January 1						Plan Start Month (enter 2-digit number):					
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
14 Offer of Coverage (enter required code)	1E												
15 Employee Required Contribution (see instructions)	\$	\$113	\$113	\$113	\$113	\$113	\$113	\$120	\$120	\$450	\$450	\$450	\$450
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2C	2C	2C	2C	2C	2C	2C	2C	2B	2B	2B	2B

Coverage offered to dependents and conditional coverage offered to Spouse, lowest cost option is > FPL, and satisfies Rate of Pay safe harbor. EE, dependent enroll and offered COBRA:

Part II Employee Offer of Coverage		Employee's Age on January 1						Plan Start Month (enter 2-digit number):					
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
14 Offer of Coverage (enter required code)		1K	1K	1K	1K	1K	1K	1K	1K	1C	1C	1C	1C
15 Employee Required Contribution (see instructions)	\$	\$113	\$113	\$113	\$113	\$113	\$113	\$120	\$120	\$450	\$450	\$450	\$450
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2C	2C	2C	2C	2C	2C	2C	2C	2B	2B	2B	2B

ACA Information Reporting: Hypothetical Scenarios



14) Part-time employee; transferred to fulltime status mid-year (e.g., August 15, 2022); monthly measurement method; offered and elected coverage effective 1st of the month following 60 day waiting period:

Coverage offered to dependents and Spouse, lowest cost option is < FPL, and satisfies FPL safe harbor:

Part II Employee Offer of Coverage												Plan Start Month (Enter 2-digit number): 07	
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
14 Offer of Coverage (enter required code)		1H	1H	1H	1H	1H	1H	1H	1H	1H	1H	1A	1A
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2B	2B	2B	2B	2B	2B	2B	2D	2D	2D	2C	2C

Coverage offered to dependents and Spouse, lowest cost option is > FPL, and satisfies Rate of Pay safe harbor:

Part II Employee Offer of Coverage												Plan Start Month (Enter 2-digit number): 07	
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
14 Offer of Coverage (enter required code)		1H	1H	1H	1H	1H	1H	1H	1H	1H	1H	1E	1E
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	115	115
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2B	2B	2B	2B	2B	2B	2B	2D	2D	2D	2C	2C

Coverage offered to dependents and conditional coverage offered to Spouse, lowest cost option is > FPL, and satisfies Rate of Pay safe harbor:

Part II Employee Offer of Coverage												Plan Start Month (Enter 2-digit number): 07	
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
14 Offer of Coverage (enter required code)		1H	1H	1H	1H	1H	1H	1H	1H	1H	1H	1K	1K
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	115	115
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2B	2B	2B	2B	2B	2B	2B	2D	2D	2D	2C	2C

ACA Information Reporting: Hypothetical Scenarios



- 15) Fulltime employee eligible January 1, 2022 (or earlier) and who is in an ongoing measurement period); offered and elected MEC coverage; transferred to part-time benefit ineligible status mid-year (e.g., September 1, 2022); offered COBRA that is unaffordable; look-back measurement method with one-time mid-year election; lowest cost plan option changes at renewal (July 1):**

Active coverage offered to dependents and Spouse, lowest cost option is < FPL, and satisfies FPL safe harbor. EE, spouse, dependents offered COBRA:

Part II Employee Offer of Coverage							Plan Start Month (Enter 2-digit number): 07						
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
14 Offer of Coverage (enter required code)		1A	1A	1A	1A	1A	1A	1A	1A	1E	1E	1E	1E
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$ 450	\$ 450	\$ 450	\$ 450
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2C	2C	2C	2C	2C	2C	2C	2C				2B

Active coverage offered to dependents and Spouse, lowest cost option is > FPL, and satisfies Rate of Pay safe harbor. EE, spouse, dependents elect coverage and offered COBRA:

Part II Employee Offer of Coverage							Employee's Age on January 1							Plan Start Month (enter 2-digit number):			
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec				
14 Offer of Coverage (enter required code)	1E																
15 Employee Required Contribution (see instructions)	\$	\$113	\$113	\$113	\$113	\$113	\$113	\$120	\$120	\$450	\$450	\$450	\$450				
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2C	2C	2C	2C	2C	2C	2C	2C								2B

Coverage offered to dependents and conditional coverage offered to Spouse, lowest cost option is > FPL, and satisfies Rate of Pay safe harbor. Only EE and dependents elect coverage and offered COBRA:

Part II Employee Offer of Coverage							Employee's Age on January 1							Plan Start Month (enter 2-digit number):			
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec				
14 Offer of Coverage (enter required code)		1K	1K	1K	1K	1K	1K	1K	1K	1C	1C	1C	1C				
15 Employee Required Contribution (see instructions)	\$	\$113	\$113	\$113	\$113	\$113	\$113	\$120	\$120	\$450	\$450	\$450	\$450				
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2C	2C	2C	2C	2C	2C	2C	2C								2B

ACA Information Reporting: Hypothetical Scenarios



IV. LOOK-BACK MEASUREMENT METHOD AND VARIABLE HOUR EMPLOYEES (S:16-S:18)

- 16) Newly hired variable hour employee completes 12-month initial measurement period under look-back measurement method on April 30, 2022; eligible for coverage effective June 1, 2022; offered and elected coverage:

Coverage offered to dependents and Spouse, lowest cost option is < FPL, and satisfies FPL safe harbor:

Part II Employee Offer of Coverage						Plan Start Month (Enter 2-digit number): 07							
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
14 Offer of Coverage (enter required code)		1H	1H	1H	1H	1H	1A	1A	1A	1A	1A	1A	1A
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2D	2D	2D	2D	2D	2C	2C	2C	2C	2C	2C	2C

Coverage offered to dependents and Spouse, lowest cost option is > FPL, and satisfies Rate of Pay safe harbor:

Part II Employee Offer of Coverage						Employee's Age on January 1			Plan Start Month (enter 2-digit number):				
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
14 Offer of Coverage (enter required code)		1H	1H	1H	1H	1H	1E	1E	1E	1E	1E	1E	1E
15 Employee Required Contribution (see instructions)	\$						\$113	\$120	\$120	\$120	\$120	\$120	\$120
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2D	2D	2D	2D	2D	2C	2C	2C	2C	2C	2C	2C

Coverage offered to dependents and conditional coverage offered to Spouse, lowest cost option is > FPL, and satisfies Rate of Pay safe harbor:

Part II Employee Offer of Coverage						Employee's Age on January 1			Plan Start Month (enter 2-digit number):				
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
14 Offer of Coverage (enter required code)		1H	1H	1H	1H	1H	1K	1K	1K	1K	1K	1K	1K
15 Employee Required Contribution (see instructions)	\$						\$113	\$120	\$120	\$120	\$120	\$120	\$120
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2D	2D	2D	2D	2D	2C	2C	2C	2C	2C	2C	2C

ACA Information Reporting: Hypothetical Scenarios



- 17) Ongoing variable hour employee (e.g., hired August 5, 2017) and completes standard measurement period for 2022 plan year under look-back measurement method on April 30, 2022; eligible for coverage effective July 1, 2022 (first day of 2022 plan year/ stability period) (example); lowest cost plan option changed at renewal (July 1, 2022); offered and enrolls in coverage:

Coverage offered to dependents and Spouse, lowest cost option is < FPL, and satisfies FPL safe harbor:

Part II Employee Offer of Coverage					Employee's Age on January 1				Plan Start Month (enter 2-digit number):				
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
14 Offer of Coverage (enter required code)		1H	1H	1H	1H	1H	1H	1A	1A	1A	1A	1A	1A
15 Employee Required Contribution (see instructions)	\$												
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2B	2B	2B	2B	2B	2B	2C	2C	2C	2C	2C	2C

Coverage offered to dependents and Spouse, lowest cost option is > FPL, and satisfies Rate of Pay safe harbor:

Part II	Employee Offer of Coverage				Employee's Age on January 1				Plan Start Month (enter 2-digit number):					
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	
14 Offer of Coverage (enter required code)		1H	1H	1H	1H	1H	1H	1E	1E	1E	1E	1E	1E	
15 Employee Required Contribution (see instructions)	\$							\$120	\$120	\$120	\$120	\$120	\$120	
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2B	2B	2B	2B	2B	2B	2C	2C	2C	2C	2C	2C	

Coverage offered to dependents and conditional coverage offered to Spouse, lowest cost option is > FPL, and satisfies Rate of Pay safe harbor:

Part II	Employee Offer of Coverage				Employee's Age on January 1				Plan Start Month (enter 2-digit number):					
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	
14 Offer of Coverage (enter required code)		1H	1H	1H	1H	1H	1H	1K	1K	1K	1K	1K	1K	
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$	\$	\$	\$ 120	\$ 120	\$ 120	\$ 120	\$ 120	\$ 120	
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2B	2B	2B	2B	2B	2B	2C	2C	2C	2C	2C	2C	

ACA Information Reporting: Hypothetical Scenarios



- 18) Ongoing variable hour employee (e.g., hired August 5, 2017); standard measurement period for 2022 plan year under look-back measurement method on April 30, 2022; eligible for coverage effective July 1, 2022 (first day of 2022 plan year/ stability period) (example); offered but waived coverage:

Coverage offered to dependents and Spouse, lowest cost option is < FPL, and satisfies FPL safe harbor:

Part II Employee Offer of Coverage					Employee's Age on January 1				Plan Start Month (enter 2-digit number):				
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
14 Offer of Coverage (enter required code)		1H	1H	1H	1H	1H	1H	1A	1A	1A	1A	1A	1A
15 Employee Required Contribution (see instructions)	\$												
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2B	2B	2B	2B	2B	2B	2G	2G	2G	2G	2G	2G

Coverage offered to dependents and Spouse, lowest cost option is > FPL, and satisfies Rate of Pay safe harbor:

Part II Employee Offer of Coverage					Employee's Age on January 1					Plan Start Month (enter 2-digit number):				
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	
14 Offer of Coverage (enter required code)		1H	1H	1H	1H	1H	1H	1E	1E	1E	1E	1E	1E	
15 Employee Required Contribution (see instructions)	\$							\$120	\$120	\$120	\$120	\$120	\$120	
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2B	2B	2B	2B	2B	2B	2H	2H	2H	2H	2H	2H	

Coverage offered to dependents and conditional coverage offered to Spouse,

Part II	Employee Offer of Coverage				Employee's Age on January 1					Plan Start Month (enter 2-digit number):				
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	
14 Offer of Coverage (enter required code)		1H	1H	1H	1H	1H	1H	1K	1K	1K	1K	1K	1K	
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$	\$	\$	\$ 120	\$ 120	\$ 120	\$ 120	\$ 120	\$ 120	
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2B	2B	2B	2B	2B	2B	2H	2H	2H	2H	2H	2H	

ACA Information Reporting: Hypothetical Scenarios



Part Three: Additional Resources

In closing, please note that a variety of public and private informational resources are readily available to assist employers in the performance of their ACA reporting-related obligations arising under Sections 6055 and 6056. To that end, following please find several internet links which navigate to resources that are published and maintained by the IRS, offering guidance to direct an employer's performance of ACA related obligations arising under the employer mandate, including the employer's annual information reporting requirements.

TABLE TWO:
Employer Information Reporting Resources

Resource Topic:	Internet Address:
2022 IRS Instructions for Forms 1094-C and Form 1095-C:	https://www.irs.gov/pub/irs-dft/i109495c--dft.pdf
IRS Form 8809 (Application for Extension of Time to File Information Returns):	https://www.irs.gov/pub/irs-pdf/f8809.pdf
IRS Guide to Employer Information Reporting:	https://www.irs.gov/affordable-care-act/employers/information-reporting-by-applicable-large-employers
Published Treasury Department Final Regulations (Information Reporting of Health Insurance Coverage):	https://www.govinfo.gov/content/pkg/FR-2022-12-15/pdf/2022-27212.pdf

Performance Notes and Summary of Administration



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MEET THE BALDWIN REGULATORY COMPLIANCE COLLABORATIVE



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QUESTIONS, COMMENTS & ADDITIONAL INFORMATION



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