



## ACA Information Reporting Code Set One – Line 14 Codes

TABLE ONE					
IRS Form 1095-C – Line 14 Code Set					
Code	Utilization				
1A	Qualifying Offer: MEC = 60%+ MV offered to FTE's w/EE contribution for self-only coverage equal to or less than 9.61% (plan years beginning in 2022) or 9.12% (plan years beginning in 2023) of the individual Federal Poverty Level ("FPL"), and an offer of coverage of no less than MEC to the spouse and any dependent(s). Only applicable to the extent it satisfies the FPL safe harbor.				
1B	MEC providing MV offered to EE, but excluding spouse and dependent(s).				
1C	MEC providing MV offered to EE and dependent(s), but excluding an offer to spouse.				
1D	MEC providing MV offered to EE and MEC offered to spouse, but excluding an offer to dependent(s).  Caution: To the extent spousal offer of coverage is conditional, utilize Code 1J.				
<b>1</b> E	MEC providing MV offered to EE and MEC offered to spouse and dependent(s). Caution: To the extent spousal offer of coverage is conditional, utilize Code 1K.				
1F	MEC <u>NOT</u> providing MV offered to EE, EE & spouse or dependent(s), or EE, spouse & dependent(s).				
1 <b>G</b>	EE did not satisfy FTE status during any month of the year and enrolled in self-insured coverage in one or more months during the same year (must apply for entire year or inapplicable to any individual month within such year – "all 12 months" code).				
1H	No offer or offer of non-qualifying coverage ( <i>i.e.</i> , not MEC) to the EE (applicable for any month in which the individual was not an EE, <i>e.g.</i> , months during which EE was a COBRA eligible individual).				
11	Do not populate. Reserved for future use.				
1J	MEC providing MV offered to EE and MEC offered to spouse on a conditional basis, but excluding an offer to dependent(s).				
1K	MEC providing MV offered to EE and MEC offered to dependent(s) and spouse, but offered to spouse on a conditional basis.				
1L – 1U	Only applicable to offers coverage for Individual Coverage HRAs.				
IV – IZ	Do not populate. Reserved for future use.				



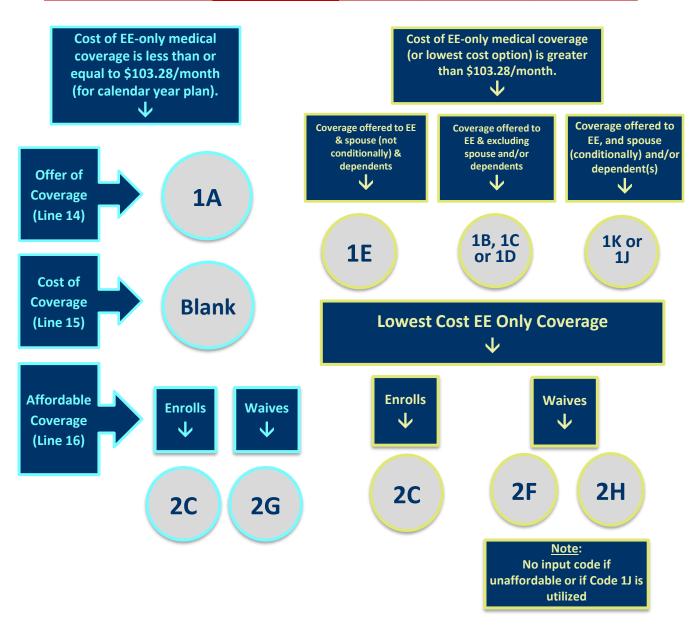
# **ACA Information Reporting Code Set Two – Line 16 Codes**

TABLE TWO					
IRS Form 1095-C – Line 16 Code Set					
Code	Utilization				
2A	EE not employed during any day of month (inapplicable to termination month).				
<b>2</b> B	<ul><li>(1) EE not an FTE during any day of month, and, if offered, EE not enrolled during any day of the month.</li><li>(2) EE was FTE during any day of month, and coverage (or qualifying offer of coverage) terminated prior to the last day of month due to termination of employment.</li></ul>				
2C	EE offered and enrolled in qualifying coverage for entire month. Inapplicable if Line 14 is populated with Code 1G, if the EE enrolled in non-qualifying coverage (not MEC), or if EE was a terminated EE and was enrolled as a COBRA qualifying individual or as a participant in other post-employment coverage.				
2D	EE was ineligible to enroll because the individual was in a Section 4980H(b) Limited Non-Assessment Period during the month ( $e.g.$ , measurement period, waiting period, or bona fide orientation period).				
<b>2</b> E	Code applied respecting applicability of the multiemployer interim relief rule (applicable union trust). Utilized notwithstanding the applicability of Codes 2C, 2F, 2G, or 2H.				
2F	Form W-2 safe harbor utilized to satisfy affordability pursuant to Section 4980H (applicable only to the extent such code is utilized respecting all months of the reporting year).				
2G	Federal Poverty Line safe harbor utilized to satisfy affordability pursuant to Section 4980H.  [For 2023: Calendar year plan: \$103.28; non-calendar year plans <i>beginning</i> in 2023 (\$14,580): \$110.81/month].				
2Н	Rate of pay safe harbor utilized to satisfy affordability pursuant to Section 4980H.				
21	Do not populate. Reserved for future use.				



# ACA Information Reporting Flowchart A – Offers of Coverage

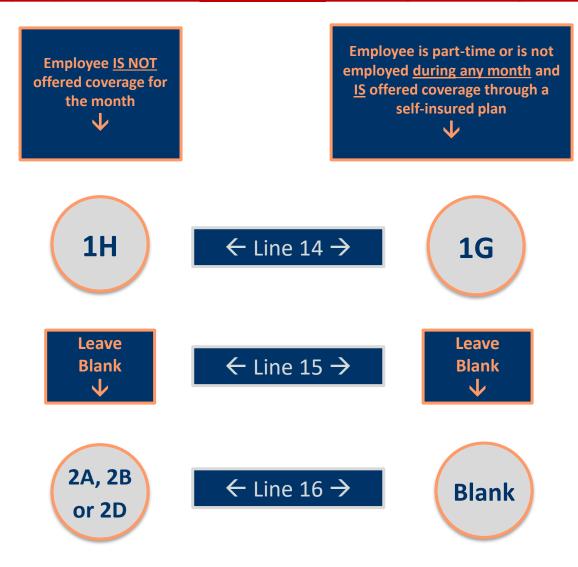
## **Employee IS Offered Coverage During Month:**





# ACA Information Reporting Flowchart B – No Offer or Other Coverage

### **Employee IS NOT Offered Coverage During Month:**





Performance
Notes and
Summary of
Administration





## **NOTES**

## MEET THE BALDWIN REGULATORY COMPLIANCE COLLABORATIVE



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## QUESTIONS, COMMENTS & ADDITIONAL INFORMATION



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