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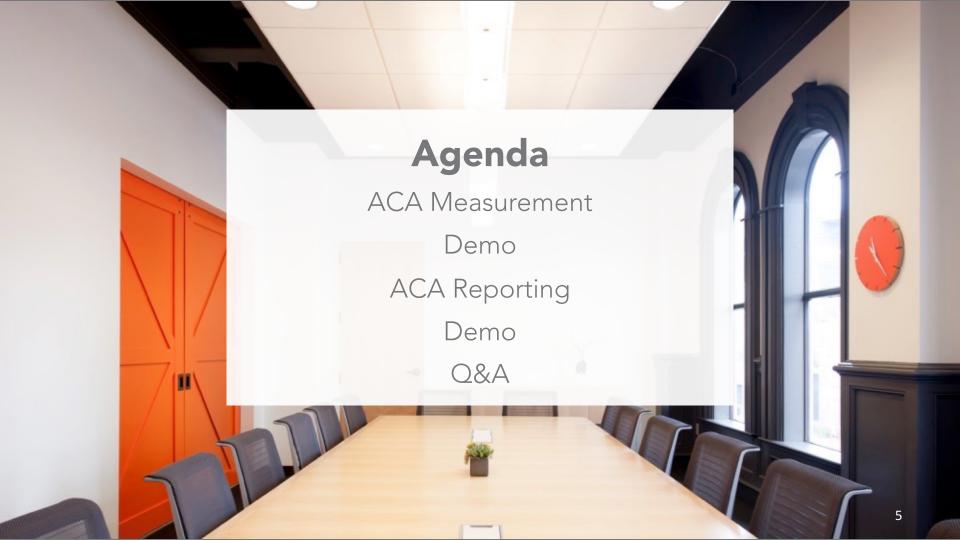
Yes!

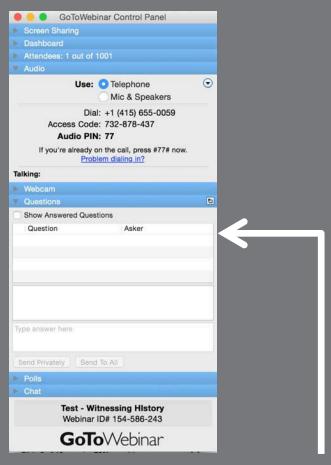
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Type your question into the "Questions" panel

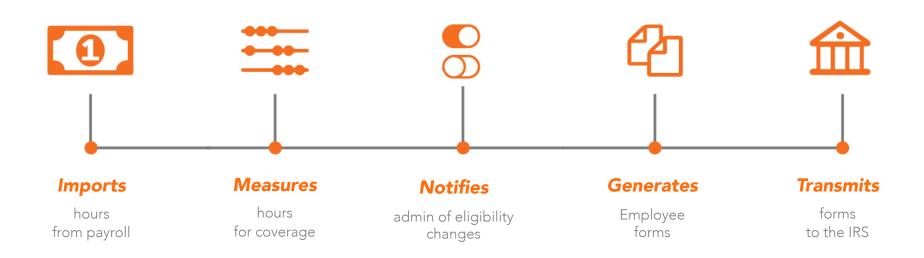
Better Technology for a Better Benefits and HR Experience

PlanSource is a technology company driven to create a better benefits and HR experience for employers and their employees.

We offer flexible and intuitive software for benefits administration, insurance exchanges and human capital management for nearly 10,000 employers and 3.5 million consumers.



ACA Measurement and Reporting





PlanSource ACA By the Numbers

2015 ACA Reporting | As of August 2016

713 Employers **2,075** FEINs

~751K
Measured EEs

~450K

1095-Cs Transmitted **1,955** 1094-Cs

Transmitted

<4% IRS

Corrections Requested



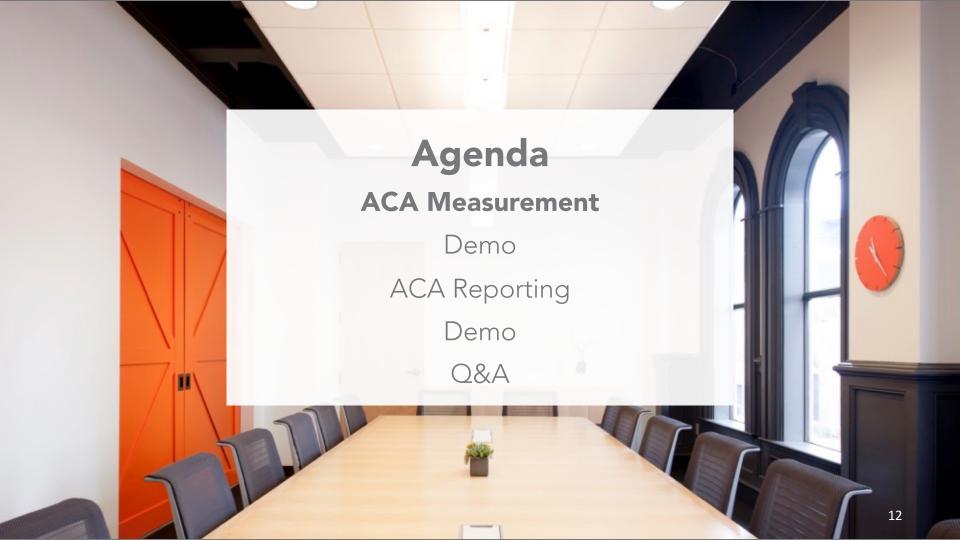
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Importance of ACA Measurement

Employers must be able to identify their FTEs in advance of coverage periods

Applicable Large Employers that fail to offer FTEs (Full-Time Employees) minimum essential coverage that is:

- Affordable
- Provides minimum value

May be subject to penalties if an FTE purchases coverage on an exchange and qualifies for a subsidy

Employers with very stable workforces and employees who are always either full-time or part-time may find that this is an easy task. But employers with variable-hour schedules for some or all employees might find it more difficult to identify which employees are considered full-time according to the law.

Two Ways to Measure Employees

To determine full-time status



MEASUREMENT

ADMIN

STABILITY

Full-time status during stability period based upon hours worked during measurement period

Monthly Method



130 hours in January



Offer coverage by February 1

Look-Back Method

System to determine which EEs qualify as FT in advance of the coverage period

Three Periods

- Measurement period (look-back period)
- 2. Administrative period (max of 90 days)
- 3. Stability period

Employee status (full-time or parttime) is based on the measurement period and won't change during the stability period, regardless of the actual hours worked during the stability period.

MEASUREMENT

ADMIN

STABILITY

Measurement and Stability Periods

System to determine which employees qualify as full-time

Two Types of Measurement:

- 1. Measurement for existing employees
- 2. Measurement for new hires

MEASUREMENT

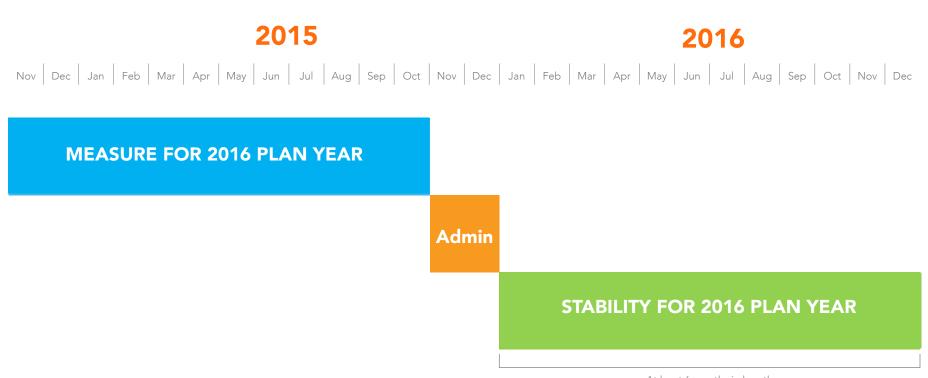
ADMIN

STABILITY

The challenge:

Since new hires get their own measurement period and all employees are subject to measurement each year, you're in a constant state of measurement.

Scenario #1 of 4 - Existing Employees

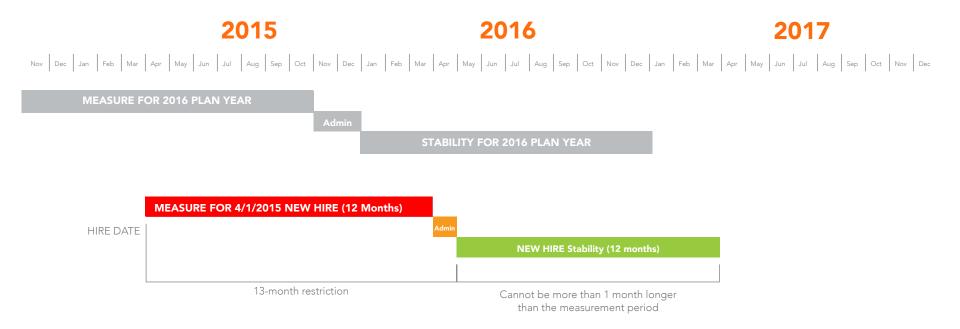


At least 6 months in length
At least as long as the measurement period



Scenario #2 of 4 - A New Hire

The new hire requires a separate measurement period





New Hire Measurement – Expected Full-Time

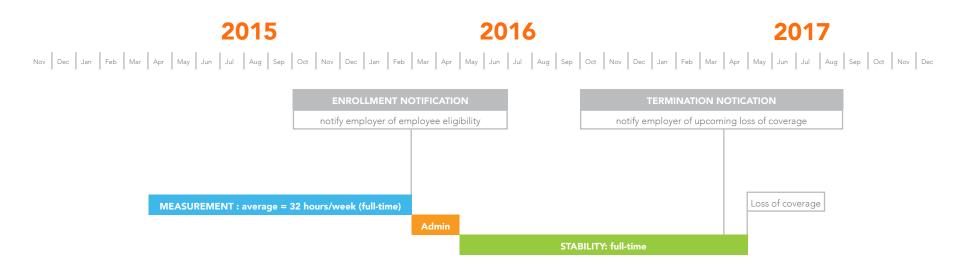
Employees can be defined as "Expected Full-Time" if they work in a job class where they are expected to work 30+ hours per week upon hire. The system uses this to determine how to measure the employee from the hire date until standard measurement takes over.

- Expected Full-Time employees are measured monthly until standard measurement/stability takes over
- Employees who are not Expected Full-Time upon hire are placed into an initial measurement upon hire



Scenario #3 of 4 – Variable Hour Employee

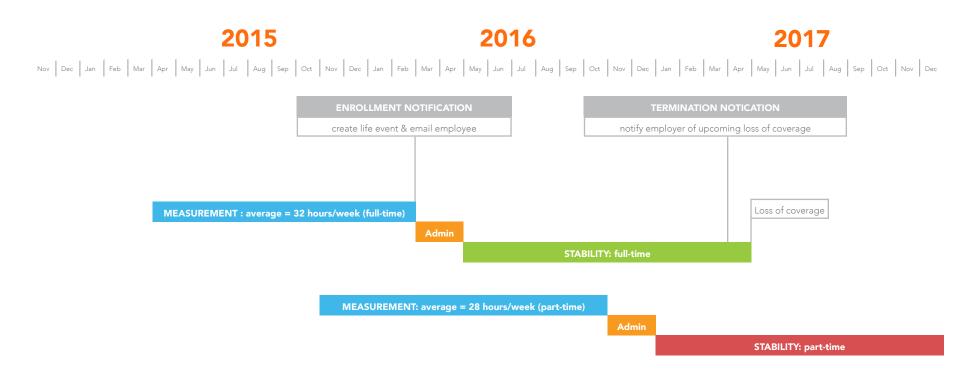
New hire was eligible and enrolled in coverage. . . .





Scenario #3 of 4 – Variable Hour Employee

.... Then lost eligibility in a subsequent measurement period





Scenario #4 of 4 – Rehired Employees

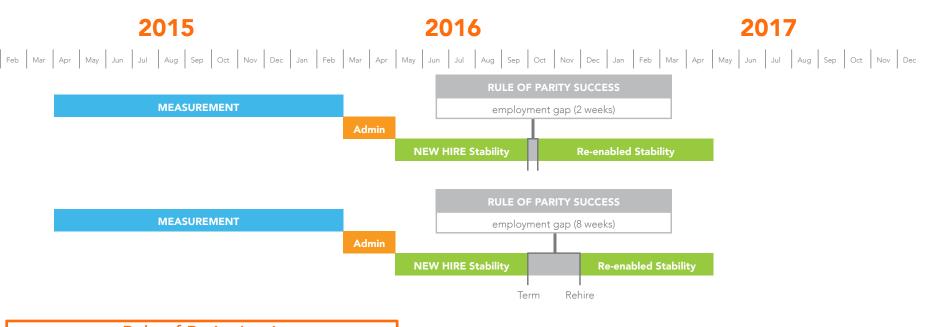
Non-Educational Employer Example #1





Scenario #4 of 4 - Rehired Employees

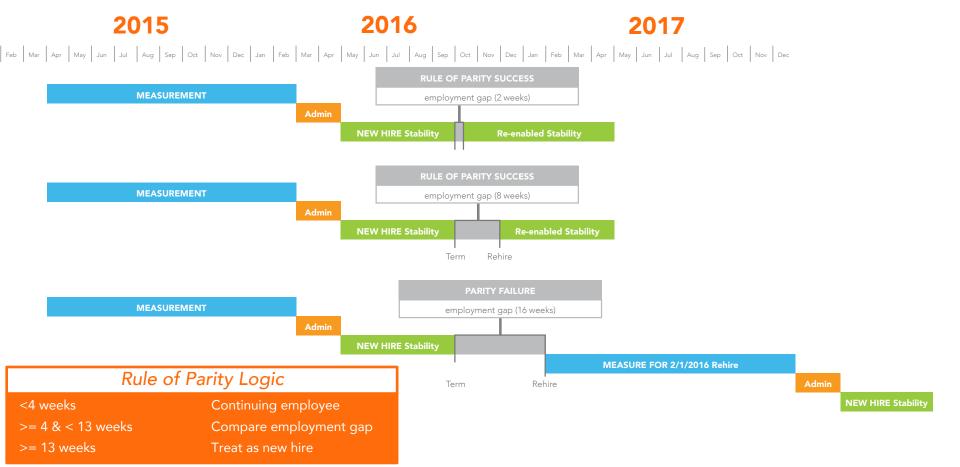
Non-Educational Employer Example #2





Scenario #4 of 4 - Rehired Employees

Non-Educational Employer Example #3



Rule of Parity Summary

Educational vs. non-educational employers

Rule of Parity Logic

Non-Educational Employer Timeframes

<4 weeks Automatically continuing employee

>= 4 & < 13 weeks Compare employment gap

>= 13 weeks Automatically new hire

Educational Employer Timeframes

<4 weeks Automatically continuing employee

>= 4 & < 26 weeks Compare employment gap

>= 26 weeks Automatically new hire



Two Types of Employees

Group 1 Full-Time Employee Receives benefits Actual hours worked **do not** need to be tracked



Note: You still must comply with the reporting requirements for both groups of employees.



How do you get the data to measure?

Use weekly equivalency or import actual hours worked from payroll

Group 1 Weekly Equivalency

- System-generated 40-hour work week
- Employees are guaranteed to measure full-time

Group 2 Payroll System Import

- Spreadsheet upload or manual entry
- Import based on your payroll frequency (weekly, biweekly)

*Tip: Importing hours as they occur ensures that your measurement is current so that you can offer coverage timely

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Weekly Equivalency vs. Expected Full-Time

What is the difference?

Weekly Equivalency

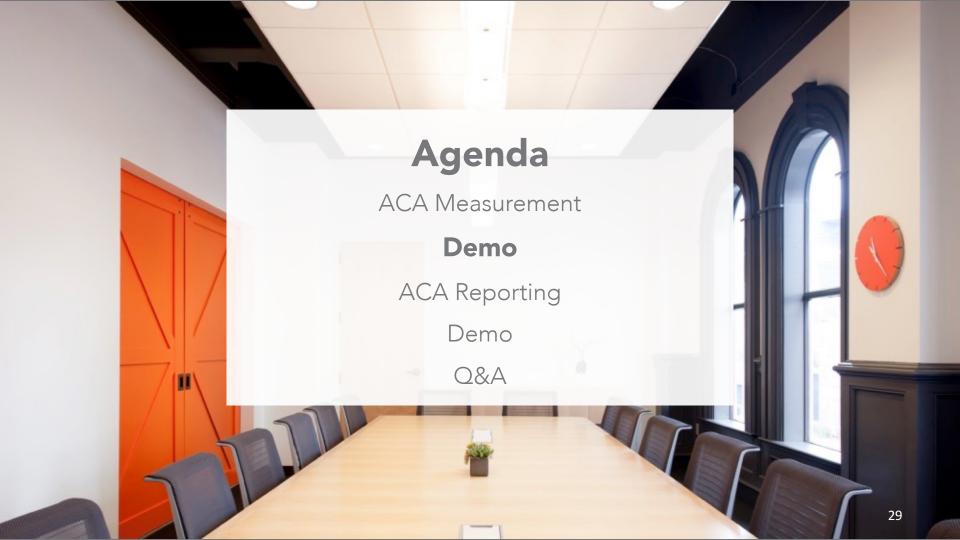
Used to identify employees eligible for automatic hours to be applied

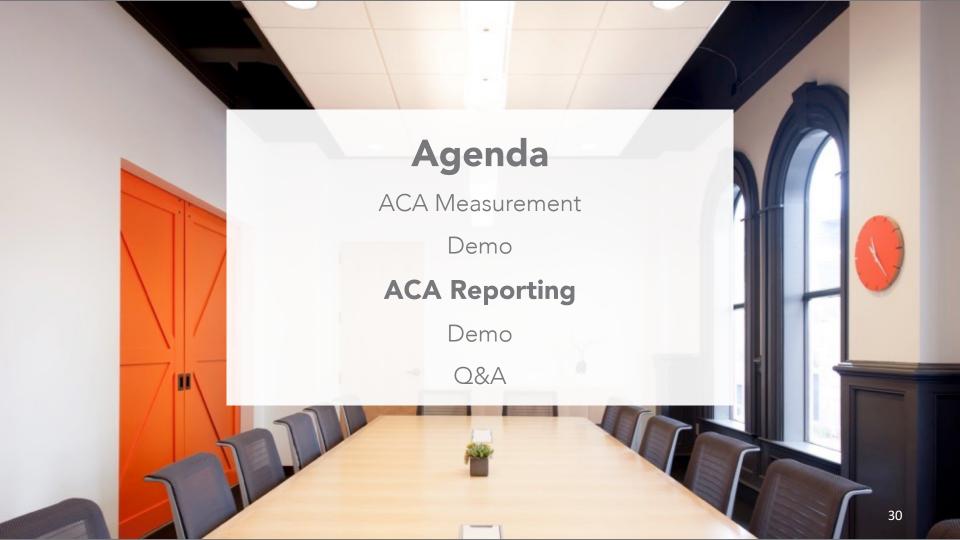
Expected Full-Time

Used to determine how to measure a new hire

Typically the way a group identifies Expected FT and Weekly Equivalency are identical; however, the system allows the flexibility to define these independently.



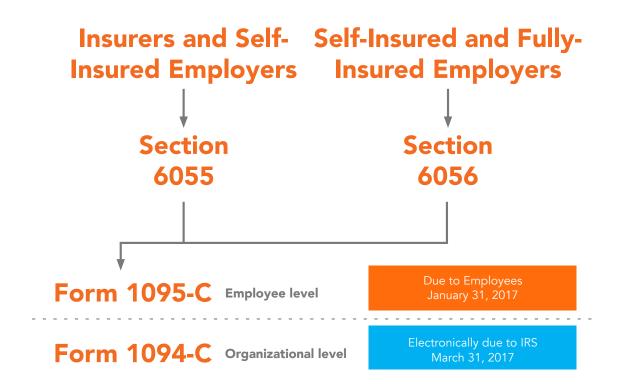




Where the ACA Meets the IRS The ACA added Sections 6055 and 6056

Applicable Large Employers (ALEs) need to file information returns with the IRS and provide statements to their FTEs about the health insurance coverage that the employer offered

What Are The Reporting Requirements?



What to Report to the IRS

Form 1095-C Overview

Form 1095-C: Employer-Provided Health Insurance Offer and Coverage

PlanSource will populate all parts of Form 1095-C and present it electronically to employees who can opt out of receiving a paper version (employers have access to a master PDF document to print and mail to employees).

1095	-C	Emr	olover-Pr	ovided I	Health In	suranc	e Offer	and	Cove	rage			/OID			OMB No	L □ o. 1545-22	10115 251
Tomi 2 C C C				orm 1095-C and its separate instructions is at www.irs.gov/f1095c.					CORRECTED				2015					
	loyee							Annli	cable I	arge	Fmnlo	ver Me	mher	(Fm	olover)			
1 Name of employee			2 Socia	2 Social security number (SSN)			Applicable Large Employer M 7 Name of employer				y 0	8 Employer identification r		ation num	iber (EIN			
3 Street address (in	ncluding aparti	ment no.)		-			9 Street ac	Idress (in	cluding roo	m or sui	te no.)			1	0 Contact	telephone	number	
4 City or town		5 State or provi	nce	6 Countr	y and ZIP or foreig	gn postal code	11 City or to	iwn		12 St	tate or pr	ovince		1	3 Country a	ind ZIP or t	foreign pos	ital code
Part II Emp	All 12 Months	er and Cove	erage Feb	Mar	Apr	May	June		July		Aug	Sep	ot I	Oc		Nov		Dec
14 Offer of Coverage (enter required code)	All 12 Months	Jan	1 60	ividi	Дрі	iviay	Julie		ouly		nug	06	,	- 00		1407	Τ΄	200
15 Employee Share of Lowest Cost Monthly Premium, for Self-Only Minimum Value Coverage	\$	\$	\$	\$	\$	\$	\$	\$		\$		\$	5	6	\$		\$	
16 Applicable Section 4980H Safe Harbor (enter code, if applicable)																		
	ered Indiv		red coverage	e, check the	box and ente	er the inforr	nation for e	each co	overed in	dividua								
(a) Name	of covered inc	dividual(s)	(b)	SSN	(c) DOB (If SSN not available			Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
17																		
18																		
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20																		
21																		
22																		
For Privacy Act a	nd Paperwo	ork Reduction	Act Notice, se	e separate i	nstructions.				Cat. I	No. 6070	5M					Forn	n 1095-	C

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What to Report to the IRS

Form 1094-C Overview

					120115		
Form 1094-C	Transmittal of Employer-P			CORRECTED	OMB No. 1545-2251		
Department of the Treasury		nformation Retu			2015		
Internal Revenue Service	▶ Information about Form 1094-C and		s at www.irs.gov/f1094c.				
1 Name of ALE Member (Empl	arge Employer Member (ALE Member)		2 Employer identification number (EIN)				
I Name of ALE Member (Empi	oyer)		2 Employer Identification Humber (Eliv)				
3 Street address (including roo	om or suite no.)		-				
4 City or town	4 City or town 5 State or province 6 Country and ZIP or foreign postal code						
7 Name of person to contact			8 Contact telephone number				
9 Name of Designated Govern	ment Entity (only if applicable)		10 Employer identification number (EIN)				
11 Street address (including roo	om or suite no.)			For Offi	For Official Use Only		
12 City or town		13 State or province	14 Country and ZIP or foreign postal code	пп			
15 Name of person to contact			16 Contact telephone number	шш	ш		
17 Reserved							
18 Total number of Form Part II ALE Member	ns 1095-C submitted with this transmittal .	<u> </u>		<u> </u>	<u> </u>		
Pairell ALE Melliber	rimormation						
19 Is this the authoritativ	re transmittal for this ALE Member? If "Yes," of	check the box and continu	e. If "No," see instructions				
20 Total number of Form	ns 1095-C filed by and/or on behalf of ALE Me	ember			>		
21 Is ALE Member a me	mber of an Aggregated ALE Group?				. Yes No		
If "No," do not compl	ete Part IV.						
22 Certifications of Elig	gibility (select all that apply):						
A. Qualifying Offer	Method B. Qualifying Offer Met	hod Transition Relief	C. Section 4980H Transition	Relief [D. 98% Offer Method		
Under penalties of perjury, I o	declare that I have examined this return and accom-	panying documents, and to the	ne best of my knowledge and belief, they a	re true, correct, and	complete.		
l .			1				
Signature		Title		Date			
For Privacy Act and Paperw	vork Reduction Act Notice, see separate instruc-	tions.	Cat. No. 61571A		Form 1094-C		

Form 1094-C: Transmittal of Employer-Provided Health Insurance Offer and Coverage Information Returns

PlanSource will populate all parts of Form 1094-C and transmit to the IRS (along with the 1095-C Forms) on behalf of the organization.

What are the Reporting Timelines (for 2016)?

January										
S	M	T	W	T	F	S				
					1	2				
3	4	5	6	7	8	9				
10	11	12	13	14	15	16				
17	18	19	20	21	22	23				
24	25	26	27	28	29	30				
31										

	February										
S	M	T	W	T	F	S					
	1	2	3	4	5	6					
7	8	9	10	11	12	13					
14	15	16	17	18	19	20					
21	22	23	24	25	26	27					
28	29										

March									
S	M	T	W	T	F	S			
		1	2	3	4	5			
6	7	8	9	10	11	12			
13	14	15	16	17	18	19			
20	21	22	23	24	25	26			
27	28	29	30	31					

January 31, 2017 - Form 1095-C to Employees

February 28, 2017 - Form 1094-C Manual Filing Deadline

March 31, 2017 - Form 1094-C Electronic Filing Deadline

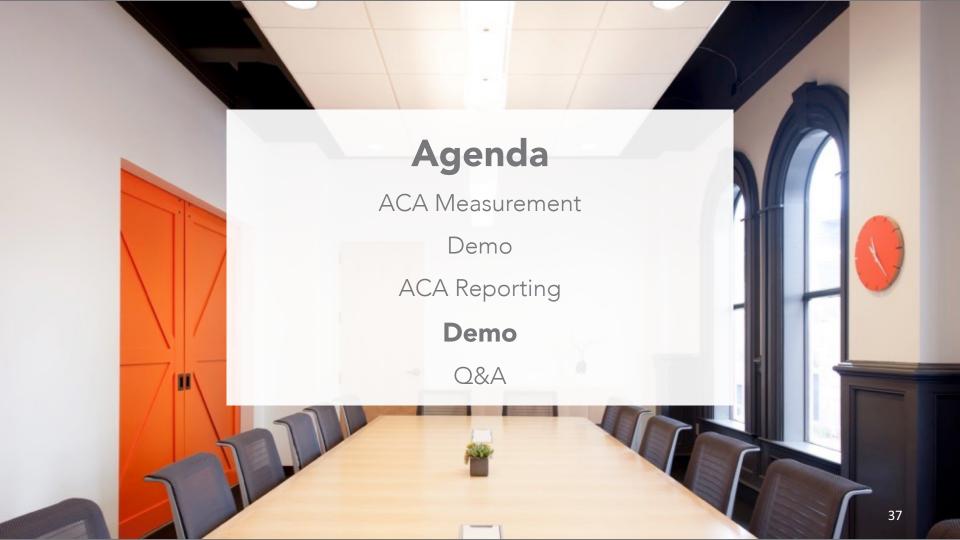


What Are the Penalties for Non-Compliance?

\$250 per return or statement

is the maximum penalty in a calendar year

Note: If a failure is caused by **intentional disregard**, the \$250 penalty noted above is doubled to \$500 for each failure, and there is no maximum for the calendar year.



What Triggers a Form to be Created?

Any employee measured as FT and with a FT stability period any day of the year

Anyone covered under a self-insured medical plan for even one day of the year



A Complete ACA Solution







Payroll Import



Measurement



Rule of Parity



Workflow



Employer Reporting



Employee Reporting



W-2 Reporting





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www.plansource.com/contact



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www.plansource.com/demo

Safe Harbor Calculation

The PlanSource System translates each into a monthly rate as follows

W2 Box 1

- Uses the employee's annual salary from Box 1 of their W2
- ((W2 box 1*(365/days of employment))/12 = Monthly Wage

Pay Rate

- The PlanSource system requires that you convert this safe harbor to an hourly rate of pay
- Hourly Rate * 130 = Monthly Wage

Poverty

- Uses the Federal Poverty Level and is based on a one person household
- Annualized one person Poverty rate/12 = Monthly Wage

This monthly rate is then used to determine the affordability