



Affordable Care Act (ACA) FAQs

Employer FAQs

Who Is UnifyHR?

UnifyHR has partnered with GIOA to help employers manage ACA tracking and reporting. We understand the complexity of ACA, and our ACA experts assist in ensuring that employers accurately manage their ACA program and meet their compliance obligations.

Which employers are subject to the ACA?

The ACA is an expansive law that affects nearly all employers in some way. UnifyHR helps employers who meet the definition of an Applicable Large Employers (ALE). An ALE is an employer with an average of at least 50 full-time employees – including full-time equivalent employees (see below for more info) – during the preceding calendar year.

ALEs must comply with ACA requirements regarding offering coverage and reporting information to the IRS. We help these employers satisfy these obligations.

How will I know if I'm an ALE?

You can check your ALE status by visiting your <u>ACA dashboard</u>. The monthly full-time and full-time equivalent employee counts are updated each month after we've loaded your payroll data and performed the necessary calculations.

GIOA operators will receive a notice each quarter as a reminder to log in to your ACA dashboard to check your ALE and other ACA statuses.

How will I know how much to contribute?

UnifyHR does not determine the employer contribution or monthly premiums. The GIOA Benefits Support Team has provided a tool to assist operators in determining how much to contribute monthly. The ACA Calculator tool can help determine how much to contribute to each employee group to be considered affordable under ACA based on the employee's rate of pay. The tool can be found on the <u>ACA support page</u>.

What if I have more than 50 employees, but they're categorized as part-time?

According to the IRS, any employee categorized as part-time but has averaged at least 30 hours of service per week – or 130 hours of service per month – is considered a "full-time equivalent" employee. It's critical that you categorize your employees correctly.





Employee FAQs

Why did I receive a 1095 form?

The Patient Protection and Affordable Care Act (ACA, for short) requires your employer or health plan to provide you and the IRS with a 1095 form that contains information about your coverage status.

There are two versions of Form 1095 that you might receive:

- A 1095-B form is generally provided when the plan is fully insured or if the individual had retiree or COBRA coverage for all months enrolled during the tax reporting year. A 1095-B form is provided by a medical carrier for fully insured plans and by an employer or applicable third-party vendor when the plan is self-insured
- Form 1095-C is provided to you by your employer or an applicable third-party vendor.

What is the purpose of IRS Form 1095-C?

While you are no longer required to include this form with your tax return, we recommend you retain this form for your records.

Why is Form 1095 important?

IRS Form 1095 includes information that indicates if your employer offered you and your dependents (if any) coverage during the tax year and if that coverage met the criteria for minimum essential coverage (MEC) and affordability. The form also outlines the months during the calendar year you and your dependents (if any) had coverage under the employer's health plan.

What is minimum essential coverage?

Minimum essential coverage is the standard of coverage(s) a health plan must maintain to meet the requirements of the ACA. Many types of coverage qualify, including job-based plans (including retirees and COBRA coverage, Marketplace plans, and Medicare). More information about plans that count as coverage is available on the IRS website.

To comply with the law, you must maintain minimum essential coverage throughout the year. Minimum essential coverage must meet both the minimum value and affordability requirements.

What is minimum value?

The ACA requires that any health plans offered to you must meet the minimum value standard, which means the plan pays for at least sixty (60) percent of medical expenses on average for a standard population. Most employer-sponsored plans today will easily pass this requirement.

What is affordable coverage?

The ACA requires that health plan coverage offered to you must be affordable as defined by the law. Generally, coverage is affordable if the amount you are required to pay for self-only coverage under the lowest cost plan offered by your employer does not exceed 9.83 percent of your household income for 2022 (this amount is subject to change each year).





What do all the codes mean on Form 1095?

The codes used on Form 1095 tell a story of your coverage scenarios through the reporting year, including:

- Which months in the reporting year you were considered full-time
- The employer's offer of coverage history
- Whether or not you elected coverage
- The affordability of the low-cost plan offered to you

There are many different codes, and each set of codes will be unique to each individual's situation.

Why are covered individuals listed in Part III of Form 1095?

Part III of Form 1095 reflects the individuals covered under the plan (the covered employee and any dependents covered) and indicates which months of the year these individuals had employer-provided health insurance coverage. Listing these individuals in this manner helps tell the complete coverage story.

What if I need to make a change to my Form 1095 information?

If you think the information on your Form 1095 is incorrect, please contact The GIOA Health Benefits Team department to find out how to get a corrected Form 1095.

When can I expect to receive my Form 1095 each year?

UnifyHR targets to mail all forms on or before January 31st each year. In 2021, the IRS granted a permanent extension of 30 days beyond January 31st to issue the forms.

Where can I get more help if I have additional questions?

Information about the ACA for individuals and families is available on the IRS website.

For more information about Form 1095, visit the <u>IRS webpage about health care forms</u>. Many people can get free help completing their income tax returns. Visit the <u>IRS webpage about free tax return preparation programs</u> for more information.





Non-ACA Contacts

The GIOA Benefits Support Team

- Operator assistance with Benefits
- Benefit Confirmation
- Adding/changing a store or FEIN
- Administrative Access
- Escalations and exceptions
- Billing/FCR questions
- GIOA LiveWell program operations and rules

Phone: 855-606-3726

Email: operatorbenefits@gioa.info

Website: GIOA.info

Benefitfocus – Administrator

- Help with benefit enrollment
- New Team Member enrollment
- Confirm benefits
- Payroll deduction amounts
- Help with reporting with Benefitfocus

Phone: 855-915-3015

Website: <u>LiveWell.HRInTouch.com</u> Monday – Friday 8 am – 8 pm EST

Anthem - Medical, Dental, and Vision

Medical: 833-988-1265 Dental: 844-729-1567 Pharmacy: 833-267-2133 Vision: 866-723-0515

Essential Health Benefits (MEC) Part-Time Medical

Phone: 888-292-0095

Monday-Friday 8 am – 8 pm EST





HealthAdvocate - EAP or help with health navigation

Access assistance with claim payments, finding in-network physicians or specialist

• Access advocacy with an insurance company on a member's behalf

Phone: 866-799-2728

Website: HealthAdvocate.com/members

Life Insurance	Hartford (Team Member Life) Phone: 888-301-5615 Website: Abilityadvantage.thehartford.com	Cigna (Operator Life) Phone: 888-301-5615
Disability Insurance	Hartford -Team Member STD Phone: 888-301-5615 Website: Abilityadvantage.thehartford.com	Standard Operator LTD Website: www.standard.com Operator LTD Buy up Level 1 www.unum.com

Securian Voluntary Benefits

• Hospital Indemnity Insurance

Accident Insurance

• Critical Illness Insurance

Phone: 844-301-0133

Website: www.securian.com/benefits/ssl/home.do