Understanding the Information Reported on Your 2015 1095-C

Part 1 (Lines 1 - 13) of the form includes information about you and SMU.

Part 2 (Lines 14 - 16) of the form includes information about the coverage *offered to you* by SMU, the affordability of the coverage offered, and the reason why you were or were not offered coverage by SMU. The information must be reported on a month-by-month basis unless the information is the same for all 12 months of 2015. In order for a code to appear in the box for a month, you must have been enrolled in coverage for the entire month.

Line 14 is used to report whether an *offer* of coverage was made to you for each month of the 2015.

Code:	What it means
1A	Your employer made a qualifying offer of healthcare coverage that is affordable based on the federal poverty line to you, your spouse, and your dependent(s), if any.
1B	Your employer made a qualifying offer of healthcare coverage to you.
1C	Your employer made a qualifying offer of healthcare coverage to you and your dependent(s).
1D	Your employer made a qualifying offer of healthcare coverage to you and your spouse.
1E	Your employer made a qualifying offer of healthcare coverage to you, your spouse, and your dependent(s).
1F	Your employer made an offer of healthcare coverage to you, your spouse, and your dependent(s), if any, that does not qualify as providing "minimum value".
1G	You were not a full-time employee but were enrolled in healthcare coverage.
1H	Your employer did not make an offer of coverage or the offer was not a qualified offer.
1I	Your employer did not make an offer of coverage to you, your spouse, or your dependent(s), the offer was not a qualified offer, or the offer was qualified but was for less than 12 months.

Line 15 is used to report your share of the lowest-cost monthly premium for self-only qualifying coverage (i.e., the SMU \$5,000 deductible option, Employee Only). The amount reported on line 15 will not be the amount you actually paid for coverage if you enrolled in more expensive coverage, including:

- \$1,000, \$2,000 or \$2,600 deductible Medical options, and/or
- Employee + Spouse, Employee + Child(ren) or Employee + Spouse + Child(ren) coverage

Line 15 will show an amount only if code 1B, 1C, 1D, or 1E is entered on line 14.

Line 16 explains why SMU did or did not offer you coverage. This line provides the IRS information needed to determine whether SMU satisfied the Employer Mandate. You will see one or more of the following codes on your 1095-C.

Code:	What it means
2A	You did not work any day in the month.
2B	You were not full-time during the month.
2C	You were enrolled in coverage for the entire month.
2D	You were in a waiting period and not yet eligible for coverage per the Affordable Care Act regulations. SMU does not have a waiting period; medical coverage, if elected, is effective on hire date.
2E	You were covered by a Union plan. Not applicable to SMU.
2F	Your employer offered you coverage that was considered affordable based on your W-2 wages, but you did not enroll. Code 2F will be reported for the SMU medical plans.
2G	Your employer offered you coverage that was considered affordable based on the federal poverty line, but you did not enroll. Not applicable to SMU.
2Н	Your employer offered you coverage that was considered affordable based on your rate of pay, but you did not enroll. Not applicable to SMU.
2I	Because your coverage plan year went into effect after January of 2015, your employer was not obligated to offer coverage. Not applicable to SMU.

Part 3 (Lines 17 – 34) of the form includes information about you and the individuals (including dependents) covered under your SMU self-insured plan. While Part 2 will tell the IRS if SMU *offered* coverage, Part 3 indicates if you accepted the offer of coverage and were actually covered. The box will be checked for any month that you were enrolled in coverage for at least one day. For example, if you enrolled in coverage on July 3, the box will be checked for the month of July.