Frequently Asked Questions
IRS Form 1095-C Employer-Provided Health Insurance Offer and Coverage

1. **What is a 1095-C?**
   
The Affordable Care Act (ACA) includes a requirement that large employers to report to the IRS on the health coverage, if any, offered to their employees. Form 1095-C provides both you and the IRS information about the health insurance coverage offered to you and, if applicable, your family.

2. **Why am I receiving a 1095-C?**
   
The state will provide you a 1095-C if you were full-time or received health coverage through your state employment at any point during the previous tax year.

3. **What should I do with 1095-C?**
   
Keep this form with your tax documents. You do not submit the form as a part of your personal income tax filing. However, your tax preparer may request a copy.

4. **How can I get my 1095-C?**
   
You have two options: you may choose to receive it electronically or in paper form.

   You can sign up to receive the form electronically in [Self Service](#). By choosing electronic you get the form faster, it’s secure, and green.

   To sign up for electronic delivery: [Self Service](#) > Benefits > 1095-C Consent.

   If you do not sign up to receive it electronically you will be mailed a paper copy to the address you have listed in [Self Service](#).

   To review or update your mailing address: [Self Service](#) > My Personal Information > Home and Mailing Address.

   Contact your HR office if you need help accessing Self Service.

5. **When will I get my 1095-C?**
Electronic 1095s will be available about two weeks before they are mailed. We will post a notice on our website when they are available.

Paper 1095s will be mailed by March 2, 2017.

6. Do I need my 1095-C to complete my personal income taxes?

   The form instructs individual to not attach the form with their tax return but to keep it for their records. The IRS has also posted information on their website that states the 1095-C may assist individuals in preparing a return. For more information see the IRS FAQs.

7. How will I get my 1095 if I work for an employer that is not a state agency?

   Employees of entities that are not a state agency but participate in the state’s employee insurance program (also known as IBUs) will receive their 1095-C from their employer. The 1095 reporting regulations require employers to provide the form to their employees and do not allow MMB to report for non-state agencies. Contact your HR/Payroll office to find out when and how they will distribute the 1095 to their employees.

8. Will my covered spouse and/or dependents receive their own 1095-C?

   No. Only you will receive the 1095-C. We will not provide a separate form to others covered on your plan, even those who do not reside with you. As the recipient of the form, you should provide a copy to any of these individuals if they request it for their records.

9. Where can I get a replacement form?

   Contact SEGIP at 651-355-0100 or segip.mmb@state.mn.us. Include your name, employee ID number, a phone number or email address where you can be reached, confirm your mailing address, and state that you want a replacement 1095-C. You will be mailed a replacement.

10. What if I did not receive a 1095-C?

    If you were not full-time or did not receive health coverage through SEGIP during any month of the calendar year you will not receive a 1095-C. You will receive a Form only if you were full-time or received health coverage through your state employment at any point during the previous tax year.

    If you did not receive a form, and believe that you should have, contact SEGIP at 651-355-0100 or segip.mmb@state.mn.us. Include your name, employee ID, a phone number or email address where you can be reached, and explain why you think you should receive a form.

11. Who else receives a copy of my 1095-C?

    A copy of your form will be sent to the IRS as required by law.

12. What should I do if I think the 1095-C I received has an error?

    You may want to review information about Form 1095-C, Form 8965 Heath Coverage Exemptions (and figuring your shared responsibility payment), and Form 8962 Premium Tax Credit (PTC).
If you still think that there may be an error, contact SEGIP at 651-355-0100 or email at segip.mmb@state.mn.us. We will need your name, employee ID number, confirmation of your mailing address, and a phone number or email address where you can be reached. Please explain what information you think is wrong and why. We will research the issue and contact you.

13. Why doesn’t the amount on 1095-C, line 15 match what I actually pay for the coverage?

Line 15 displays the employee’s share of the monthly premium for single coverage offered through SEGIP. This is required even if it does not match what you actually pay. For example, if you have family coverage the amount displayed on Line 15 will still be the employee share of the cost of single coverage and not the cost of family coverage.

14. Why isn’t the COBRA offer on my form?

Generally, an offer of COBRA continuation coverage due to termination of employment is not reported as an offer of coverage on Part II of 1095-C, unless you actually enrolled in the COBRA coverage.

If you were offered COBRA due to a reduction in hours you will still receive a form and the COBRA offer will be included.

15. Will I receive a form if I am not an active employee?

Yes, if you received coverage through your state employment. The regulations require the state to provide a form to everyone who receives coverage, even if they are not an active employee.

16. If I am enrolled in Medicare will SEGIP send me a form?

No. Age 65 and older retirees who are on Medicare will receive a form from Medicare. The state’s coverage supplements Medicare and so a form is not required.

If you are a state employee who is age 65 or older and enrolled in the state’s active employee plan you will receive a form from SEGIP.

17. Does the State’s health coverage meet the federal definition of “minimum essential coverage?”

Yes. The State offers a self-insured group health plan for employees, which meets the federal definition of minimum essential coverage.

This is important because most individuals who do not have minimum essential coverage or an exemption for each month of the year will need to make a payment with their tax return.

18. Is the State’s health coverage “minimum value” according to the federal definition?

Yes, the State’s plan meets the minimum value standard. This means that it’s designed to pay at least 60 percent of the total cost of medical services.

19. Is the State’s health coverage “affordable” under the federal definition?
Yes. Coverage is considered affordable if the employee’s cost for employee-only coverage does not exceed 9.69 percent of an employee's household income. The full employer contribution health coverage provided by the State meets this standard.

20. Will I get a 1095-C for my dental coverage?

No. There is no requirement to report on stand-alone dental coverage so you will not receive a form for dental coverage.

21. Where can I find more information about 1095-C?

The IRS website provides information about these forms as well as the Form’s instructions.

22. Will social security numbers (SSN) be included on this form?

Yes. As required by law, your 1095-C will include SSNs. SSNs on the form you receive will be truncated (meaning the first five numbers will be displayed as an asterisk). By law, we are required to send the IRS a copy of your form that displays the full SSN for both you and any other individual included on your coverage.

23. Are there other versions of this form?

Yes, there are three versions:

- 1095-A is provided for coverage purchases through insurance exchanges such as MNsure.
- 1095-B is provided to enrollees by insurance providers such as insurance companies and by the public programs such as Medicaid, Medicare, and MinnesotaCare.
- 1095-C is completed by large employers and employers with self-insured health coverage.

You may receive one of these other forms if you were offered coverage through another entity.

24. Why did I receive multiple 1095s?

You may receive multiple 1095s if you worked for multiple large employers or received coverage from multiple providers during the tax year.

25. What is the definition of the codes on my 1095-C?

Completion of the 1095-C for the state did not require the use of all the codes. These are the codes we used and their definitions:

- 1E. Minimum essential coverage providing minimum value offered to you and minimum essential coverage offered to your dependent(s) and spouse.
- 1G. Offer of coverage for at least one month of the calendar year to an individual who was not an employee for any month of the calendar year or to an employee who was not a full-time employee for any month of the calendar year (which may include one or more months in which the individual was not an employee) and who enrolled in self-insured coverage for one or more months of the calendar year.
• 1H. No offer of coverage (employee not offered any health coverage or employee offered coverage that is not minimum essential coverage, which may include one or more months in which the individual was not an employee).

• 1k. Minimum essential coverage providing minimum value offered to employee; at least minimum essential coverage offered to dependents; and at least minimum essential coverage conditionally offered to spouse.

• 2A. Employee not employed during the month (not employed on any day of the month).

• 2B. Employee is not a full-time employee. Enter code 2B if the employee is not a full-time employee for the month and did not enroll in minimum essential coverage, if offered for the month. Enter code 2B also if the employee is a full-time employee for the month and whose offer of coverage (or coverage if the employee was enrolled) ended before the last day of the month solely because the employee terminated employment during the month (so that the offer of coverage or coverage would have continued if the employee had not terminated employment during the month).

• 2C. Employee enrolled in coverage offered.

• 2D. Employee is in a limited non-assessment period (and so an offer of coverage is not required even if the employee is full-time).

• 2G. Section 4980H (b) federal poverty line safe harbor.

A full set of these codes is available here.