

Information about Forms 1095-B and 1095-C

This information only applies to employees at David Douglas School District. If you are employed or have medical coverage outside of the District, then you will need to contact that employer or provider for information about additional Forms 1095-B and 1095-C.

Due to the complexities with navigating and understanding the Affordable Care Act (ACA) requirements, we want to simplify information about Forms 1095-B and 1095-C that you may receive. The ACA requires qualified medical carriers and employers to distribute Forms 1095-B and 1095-C to qualified individuals. Our district and medical carriers are required to distribute these Forms to qualified individuals. Depending on the requirements you meet under the ACA (Questions 3 & 4 talk about the requirements), you will receive both, one or neither of Forms 1095-B and 1095-C. Forms 1095-B and 1095-C will be distributed to you around the same time you receive your W-2's or shortly thereafter.

Information from Forms 1095-B and 1095-C may be referenced when filing your 2017 Federal tax return. The Forms can help determine if you're eligible for a premium tax credit or whether you may have to pay a fine for failing to comply with the ACA. **You do not need to wait to receive your Forms 1095-B & 1095-C before filing your return. These Forms are for you to save with your other tax records.**

Frequently Asked Questions

(Make sure to pay close attention to whether the question is referring to "1095-B" or "1095-C")

1. What is the difference between Forms 1095-B and 1095-C?

Form 1095-B is distributed by your medical carrier (Moda or Kaiser). Form 1095-B's purpose is to show which months in 2017 you had medical insurance (with minimum essential coverage (MEC) for you and your dependents. This Form does not tell you whether the coverage was affordable for you.

Form 1095-C is distributed by your employer. Form 1095-C's purpose is to show you which months in 2017 the district offered you affordable or unaffordable medical insurance (with MEC). This Form does not tell you whether you enrolled in the coverage that was offered to you.

2. Why are there three parts on Forms 1095-B and 1095-C, but only two parts are filled out?

Both Forms 1095-B and 1095-C have three parts. Form 1095-B will have parts one and three complete, and Form 1095-C will have parts one and two complete.

- I. Part 1 is your basic information, such as name, social security number and address (Completed on Forms 1095-B and 1095-C).
 - II. Part 2 includes information about the coverage offered to you by your employer, the affordability of the coverage offered, and the reason why you were or were not offered coverage by your employer. The information must be reported on a month-by-month basis unless the information is the same for all 12 months. (Completed on Form 1095-C only).
 - III. Part 3 provides individualized information about who was covered under your medical plan, and for which months in 2017 (Completed on Form 1095-B only).
3. Who will receive Form 1095-B?

You will receive Form 1095-B from your medical carrier if you were enrolled in one of the districts medical plans (Kaiser or Moda) for at least one month in the 2017. It does not matter whether you were considered a full-time employee under the ACA (FT Employee under the ACA is defined in Q. 4). Form 1095-B will show which months you and your dependents had medical insurance with minimum insurance coverage (MEC).

4. Who will receive Form 1095-C?

You will receive Form 1095-C from the district if you are considered a full-time employee under the ACA (an employee who is employed, on average, 30 hours of service per week in a given measurement period will be considered full-time) you will receive Form 1095-C. If you were a full-time employee as defined by the ACA in 2017, regardless of whether you enrolled in medical coverage at the District. Form 1095-C will show you which months in the year affordable or unaffordable minimum essential coverage (MEC) was offered to you. This Form does not tell you whether you enrolled in the coverage that was offered to you.

5. Why do you need Forms 1095-B and 1095-C?

Much like the Form W-2 is used to determine whether or not you owe taxes, the IRS will use the information reported from Forms 1095-B and 1095-C to determine whether you pay a fine for failing to comply with the Affordable Care Act, or if you are eligible for a premium tax credit.

Form 1095-B and 1095-C contain important information about the healthcare coverage offered or provided to you by your employer. Information from the Form may be referenced when filing your 2017 tax return. You do not need to wait to receive Forms 1095-B and/or 1095-C before filing your return. You will not submit these Forms to the IRS, however they are for you to save with your tax records.

6. What if I only received one of the Forms 1095-B or 1095-C?

It is possible that you will only receive one of the two Forms. If you fall under one of the reasons below, then you will receive only one of the two Forms.

You will only receive Form 1095-B (and not Form 1095-C) if you were enrolled in one of the district's medical plans, but you were not defined as a full-time employee under the ACA (Q.4 Defines FT Employee). Retirees who did not work full-time with the district in any month in 2017 will only receive a 1095-B.

You will only receive Form 1095-C (and not Form 1095-B) if you were defined as a full-time employee under the ACA, but you were not enrolled in one of the district's medical plans.

7. Why didn't I receive Forms 1095-B or 1095-C?

If you were not enrolled in medical coverage with the district during any month in 2017 then you will not receive a 1095-B. If you were not a full-time employee as defined by the ACA with the district (Q.4 Defines FT Employee), then you will not receive a Form 1095-C.

You will also not receive a 1095-B or 1095-C if you are not the primary person insured. For example, you should not receive a Form if you were listed as a spouse or dependent under another family member's plan.

8. Will I receive a 1095-B and/or 1095-C for each one of my dependents who were covered under my medical plan?

No, only one copy will be provided to you for you and your dependents, so you may need to make copies for them.

9. When will I receive my 1095-B & 1095-C?

You will receive both 1095-B & 1095-C in the mail around the same time you receive your W-2's or shortly thereafter.

10. I believe I should have received one of the 1095 Forms but didn't. Who do I contact?
- o If you read Question 3 and believe you should have received a 1095-B, then contact your medical carrier:
 - Kaiser phone#: 1-866-223-2375 (Group #18050)
 - Moda phone #: 1-866-923-0409 (Group # 10006613)
 - o If you read Question 4 and believe you should have received a 1095-C, then call Stefanie Edenburn, Benefits Coordinator at 503-261-8250.

11. What if I had medical insurance by two different carriers?

Then you will receive two different Forms 1095-B's, one from each medical carrier.

12. What should I do with my Forms 1095-B & 1095-C?

You will not submit these Forms to the IRS, they are for you to save with your tax records.

13. Where can I learn more about Forms 1095-B & 1095-C?

For more information on this, you may go to www.IRS.gov/aca.

When you receive your Form 1095-C and you have questions on what the codes mean, then please refer to the following link: <https://www.irs.gov/pub/irs-pdf/i109495c.pdf>

14. What does the Forms 1095-B and 1095-C look like?

Below is a sample of what Form 1095-C looks like (1095-B looks similar).

Form 1095-C
Department of the Treasury
Internal Revenue Service

Employer-Provided Health Insurance Offer and Coverage
Do not attach to your tax return. Keep for your records.
Go to www.irs.gov/Form1095C for instructions and the latest information.

VOID
 CORRECTED

OMB No. 1545-2251
2017

Part I Employee				Applicable Large Employer Member (Employer)							
1 Name of employee		2 Social security number (SSN)		7 Name of employer				8 Employer identification number (EIN)			
3 Street address (including apartment no.)				9 Street address (including room or suite no.)				10 Contact telephone number			
4 City or town		5 State or province		6 Country and ZIP or foreign postal code		11 City or town		12 State or province		13 Country and ZIP or foreign postal code	

Part II Employee Offer of Coverage													
14 Offer of Coverage (enter required code)	Plan Start Month (Enter 2-digit number):												
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)													

Part III Covered Individuals															
If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee. <input type="checkbox"/>															
(a) Name of covered individual(s)	(b) SSN or other TIN	(c) DOB (if SSN or other TIN is not available)	(d) Covered all 12 months	(e) Months of Coverage											
				Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
17			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 60705M

Form **1095-C** (2017)