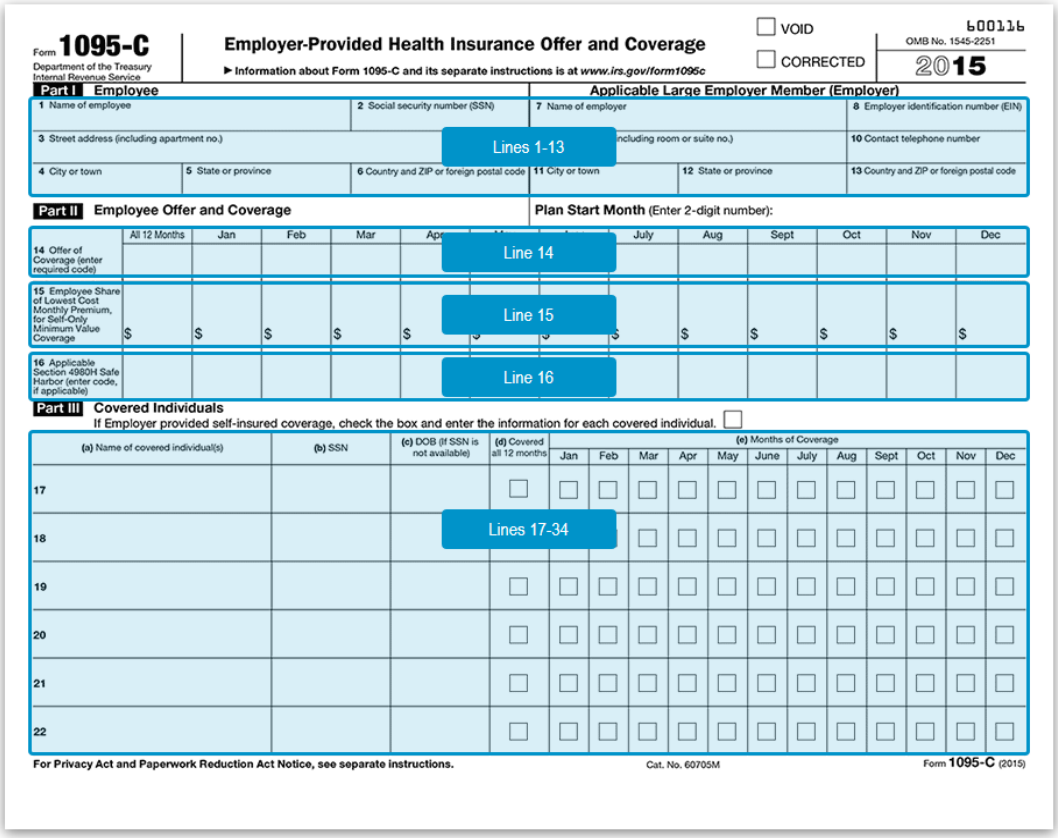
FORM 1095 C

VERMONT
DEPARTMENT OF HUMAN RESOURCES

If you are a full-time employee for the State of Vermont, or a part-time employee who was enrolled in health benefits for all of calendar year, you will receive a Form 1095-C. Temporary employees who have exceeded 1560 hours in a 12-consecutive month period will also receive a Form 1095-C. You will receive an additional 1095-C from any other employer where you worked full-time at any point in the preceding calendar year. You'll need the information on this form to complete your tax return. The Form 1095-C, unlike a W-2, **does NOT need to be filed with your taxes.**

If you received a Form 1095-C and you're not sure what the codes mean, check out our 1095-C example below.

SELECT A LINE BELOW TO LEARN MORE



Part I Lines 1 through 13 of this form includes information about you and the State of Vermont.

Part II Lines 14-16 of the form includes information about whether an employee was offered or not offered employer sponsored health coverage from the State of Vermont. The information must be reported on a month-by-month basis unless the information is the same for all 12 months. Coding is based on your status for the full month. If you were not eligible to have an offer of coverage for every day of the month, the code will indicate that there was no offer made.

Note: *Codes in this section are based on offer of coverage NOT enrollment. The coding on your 1095 may indicate you were offered coverage even if you did not elect to enroll.*

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Line 14 is used to report whether an offer of coverage was made to an employee for each month of the year. Below please see the Line 14 codes that apply to State of Vermont employees:

Code:	What it means
1E	Your employer made a qualifying offer of healthcare coverage to you, your spouse, and your dependent(s).
1G	You were not a full-time employee but were enrolled in healthcare coverage for all 12 months
1H	Your employer did not make an offer of coverage or the offer was not a qualified offer.

Line 15 of the form is used to report your share of the lowest-cost monthly premium for self-only qualifying coverage. The amount reported on line 15 may not be the amount you paid for coverage if, for example, you chose to enroll in other than self-only coverage such as family coverage. Amounts will only show on months that contain a 1E code on line 14.

Line 16 explains why you were not offered coverage, if you were enrolled, and if you were considered ACA full-time (see ACA FAQ for more information on ACA full-time).

Below please see the line 16 codes that apply to State of Vermont employees:

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.
2F	Your employer offered you coverage that was considered affordable based on the total wages in Box 1 of your W-2, but you did not enroll.
2H	Your employer offered you coverage that was considered affordable based on your rate of pay, but you did not enroll.

Part III Line 17 through 34 of this form includes information about you and the individuals covered under your plan. Any individual who was enrolled in your State of Vermont plan for at least one day of the corresponding month, will be indicated in this section as having coverage for the full month. For example, if you enrolled in coverage on July 31, the box will be checked for the month of July.