



ALLIED[®]
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IRS Issues Final Forms and Instructions for 6055 and 6056 Reporting

Allied can provide employers with information for 1095B form

The Internal Revenue Service (IRS) released final 2015 versions last month of the forms and instructions that employers will use to report information under the Internal Revenue Code, Sections 6055 and 6056. Generally, a health coverage provider must file Form 1094-B and Form 1095-B. However, if the provider also is an applicable large employer member (at least 50 full-time equivalent employees in 2014) and provides coverage to its employees through a self-insured group health plan, the provider must file Form 1094-C and Form 1095-C, instead of Forms 1094-B and 1095-B.



Form 1095-B

All employers sponsoring a group health plan that provides Minimum Essential Coverage must submit Form 1095-B to the IRS to report the name, address and social security number of all individuals (employees, spouses, dependents and others) who are covered under the employer's medical plan and the number of months during which the individual had at least one day of coverage. Allied National will provide employers with the appropriate information in January 2016.

This filing is due to the IRS by Feb. 28 each year. Filers of form 1095-B must furnish a copy to each employee named on the form for their proof of coverage for their own personal income tax filings by Jan. 31.

Form 1095-C

Employers who are considered applicable large employers must file Form 1095-C to report the number of full time

employees for each calendar month and a list of coverage and eligibility information for each full time employee.

This report requires information that Allied does NOT have access to. Each employer should consult with their payroll or human resources services vendor for assistance or begin tracking this information directly themselves. Employers should be aware that these reports impose a new, significant reporting responsibility on employers for their 2015 benefit year.

As with Form W-2, individual copies of these forms must be provided to individuals by Jan. 31. The forms must be filed with the IRS by Feb. 28 if reporting on paper or by March 31 if reporting electronically.

Visit <http://tinyurl.com/p4avjc4> to find out more information.

TRF Filing Due in November – Allied Can Assist

Allied National has mailed the necessary member count information to all Funding Advantage employers in order for the employers to send in the correct Transitional Reinsurance Fee (TRF) amount to the federal government.

Similar to last year, we will be happy to file on behalf of our employers. Included with the member count will be an invoice with the exact TRF amount due and a form giving us the authority to file on the employer's behalf. Allied does not charge for this service. If employers would like this service, they MUST sign the form and return it to us along with the TRF payment by Nov. 6, 2015.

The Transitional Reinsurance Fee (TRF) is a three-year fee that began in 2014 and was established by the Affordable Care Act. This fee, which is levied on employers and insurers, was created with the intent to create a fund that would stabilize premiums in the Exchange market.

Under the reinsurance fee schedule, employers must submit the enrollment count (the number of covered lives) by Nov. 15, 2015. The contribution rate for 2015 is \$44 per covered individual; this is a reduction from the \$63 in 2014.

MVP 50 Plus Plan – Affordable Coverage for Large Employers

Allied National's new MVP 50 Plus Plan is specifically designed for Applicable Large Employer (ALEs) with 50-100 full-time equivalent employees to provide benefits and avoid hefty penalties.

The Affordable Care Act's one-year transition period, which requires ALEs to offer coverage that meets Minimum Essential Coverage (MEC) and Minimum Value standards, is ending. This requirement, referred to as Employer Shared Responsibility, took effect this year, 2015, and is more commonly called the "Pay or Play" mandate (U.S. Code § 4980H). The requirement specifies that if large employers don't comply, they may have to pay hefty penalties for noncompliance.

MVP 50 Plus provides high deductible major medical benefits at a guaranteed rate (subject to underwriting eligibility) to provide an affordable minimum value alternative. The plan covers all major medical services where reimbursement to providers is reference based on a multiple of Medicare reimbursement levels. There is no network and members are free to go to any provider for services. This provides low plan cost, but members could be responsible for balance billing from providers who won't accept the selected Medicare reimbursement levels. Prescription drug coverage is limited to generic drugs. Coverage is available to eligible employees and dependent children only as is required for ALEs.

For more detailed information regarding our MVP 50 Plus plan or the end of the Employer Shared Responsibility transition period, contact our Sales Support at 888-767-7133.



Medicare Part D Notices are Important to Employees

Employers who provide a health care plan that includes a prescription drug benefit have until Oct. 15 to notify all Medicare-eligible employees as to whether their current prescription plan is considered "creditable coverage" and what their options are through the federal Medicare Part D program. This program was created to help individuals with the high cost of private prescription drug plans.

If Medicare-eligible employees have creditable prescription drug coverage, they can opt to delay enrollment in Medicare Part D at a later date without penalty. Employees who are eligible, with non-creditable coverage, and who elect not to enroll in Medicare Part D until a later date, will be subject to late entrant penalties.

Allied National makes this process easy for our covered health plan groups. Around the first part of October, we sent all employers with Medicare-eligible employees (or soon to be eligible) a letter along with personalized letters for each Medicare-eligible employee. The letter informs employers and their employees if their prescription drug plan is considered creditable coverage or non-creditable and the consequences of their decisions on Part D coverage.

The notice also outlines the requirements that all employers must annually complete an online report with CMS (Centers for Medicare & Medicaid Services) indicating whether or not your coverage is credible. For more information, go to www.cms.gov.