



Epicor HCM and the Affordable Care Act

Employer and Individual Expectations

The Affordable Care Act (ACA) requires individuals and everyone in their family to either have qualifying insurance known as “minimal essential coverage”; qualify for an exemption to the requirement; or make a shared responsibility payment (commonly referred to as a penalty) when filing their tax return. Individuals will be required to report their health insurance status when filing their tax returns and the 1095 form is proof of coverage. Applicable Large Employers (ALE’s) with at least 50 full-time employees should provide employees a 1095-C report as proof if the employer furnishes health insurance. The 1095-C and 1094-C reports are filed with the IRS by the employer. In addition, there is a section on the 1095-C report allowing employers to document sponsorship of self-insured group health plans. Additional details, rules and requirements can be found at <http://www.irs.gov/Affordable-Care-Act>.

Epicor HCM

As a result of the new ACA reporting requirements, Epicor HCM includes reports in the Compliance section under ACA for the 1095-C and 1094-C reports. The 1095-C report mimics the form provided by the government. The 1094-C report assists in gathering information needed by employers to complete the government 1094-C form by displaying a count of full-time and total employees for each month of the year.

1095-C

The 1095-C report is broken into three sections:

- Part I provides information about the employee and employer, including the employee’s name, address, and social security number, as well as the company’s name, address, contact information, and tax identification number.
- Part II shows whether or not an employee, dependent and/or spouse was offered health coverage by the employer, the type of coverage offered, which months of the year they were offered coverage, the lowest monthly premium cost an employee would pay for the self-only plan, and a safe harbor code if applicable.
- Part III provides information about the employee’s spouse and dependents covered.

Benefits

- Active full time employees report
- Waiting period
- ACA benefit offer management
- Tracking employees who waive coverage and reasons
- COBRA updates
- Summary of benefits coverage
- Form 1094-C report
- Form 1095-C report
- FSA annual limits

Data that appears in the 1095-C report is dependent upon the employee's Benefit Offer record, which once created for an employee, appears in the Benefit Enrollments task under the ACA Offers. There are flags for "coverage," "minimum essential coverage," and "minimum value" for the employee, dependent, and spouse. In addition, the employer is asked to enter the lowest employee contribution amount. This is the monthly amount the employee would pay if they elected the self-only coverage option.

Form 1095-C Employer-Provided Health Insurance Offer and Coverage

OMB No. 1545-2251
600115
2014

Part I Employee

1 Name of employee: Deese, Kama
2 Social security number (SSN): XXX-XX-1759
3 Street address (including apartment no.): 8475 Pinon Court Terrace #D
4 City or town: Denver
5 State or province: CO
6 County and ZIP or foreign postal code: US 85968

Applicable Large Employer Member (Employer)

7 Name of employer: Manpower, Inc.
8 Employer identification number (EIN): M1-7-73873
9 Street address (including room or suite no.): 415 New Jersey Ave. NW
10 Contact telephone number: 302-4524
11 City or town: Denver
12 State or province: CO
13 Country and ZIP or foreign postal code: US 89265-3758

Part II Employee Offer and Coverage

Offer of Coverage (enter required code)	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
14	1D												
15 Employee Share of Lowest Cost Monthly Premium, for Self-Only Minimum Value Coverage	\$ 25.00	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Applicable Section 408(a) Safe Harbor (enter code, if applicable)	2C												

Part III Covered Individuals

If Employer provided self-insured coverage, check the box and enter the information for each covered individual.

(a) Name of covered individual(s)	(b) SSN	(c) DOB (if SSN is not available)	(d) Covered all 12 months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 60705M Form 1095-C (2014)

Actions

Use this task to create, modify or delete benefit offer records for employees. The offer records can be maintained in the Benefit Enrollments task and are used to populate data on the 1095-C report.

Select an Action

- Add New Offers
- Modify Existing Offers
- Delete Existing Offers

Offer Dates

Select the dates to add.

* Offer Start Date: [] * Offer End Date: []

Offer Information

Select the details for the records that are being added.

Employee <input type="checkbox"/> Coverage <input type="checkbox"/> Minimum Essential Coverage <input type="checkbox"/> Minimum Value	Dependent <input type="checkbox"/> Coverage <input type="checkbox"/> Minimum Essential Coverage <input type="checkbox"/> Minimum Value	Spousal <input type="checkbox"/> Coverage <input type="checkbox"/> Minimum Essential Coverage <input type="checkbox"/> Minimum Value
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* Lowest Employee Contribution Amount: []

Employees

Select the employees to use for the offer records.

* Employees: []

[Add] [Remove] [Remove All]

Health coverage offered to employees must be considered affordable by the government. If the yearly employee contribution amount for the self-only benefit option is more than 9.5% of the mainland single federal poverty line, it is not considered affordable. Because this value may change over time, the federal poverty line is a configurable field in ACA Parameters.

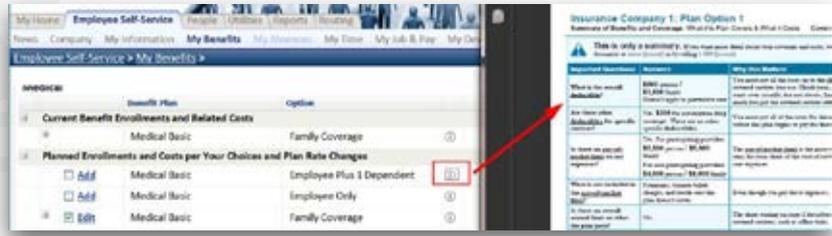
Benefits

A Benefits Waive Coverage checkbox indicates when employees waive coverage for a plan during enrollment. Employees who waive coverage in a plan are required to select the reason they are refusing enrollment according to the ACA requirements.

Epicor HCM provides employers a variety of date tracking options such as waiting period, waiting period frequency, and group eligibility parameters as the ACA stipulates that employers offering group health insurance coverage shall not apply any waiting period that exceeds 90 days (the period that must pass with respect to an individual before the individual is eligible to be covered for benefits under the terms of the plan).

The COBRA Election Notice and the COBRA General Notice are updated to include new information concerning other health coverage options available in the Health Insurance Marketplace.

The Summary of Benefits and Coverage forms are summaries based on plan option (i.e. Individual and Spouse PPO, Family Coverage



PPO). The ACA requires insurers to provide a Summary of Benefits and Coverage (SBC) to the employer that sponsors the group health plan for furnishing the SBC to participants and beneficiaries. The document saved at the benefit option level is available for viewing in Open Enrollment via an informational icon.

The ACA requires employers to set an annual limit on pretax employee contributions to health care Flexible Spending Accounts (FSAs) and the associated benefit functionality does not allow a contribution over the maximum value specified.

Healthcare reform requires that large employers cover dependent children to age 26 and the ACA guidance is provided via an informational icon and in system Help.

Summary

The Affordable Care Act is a complex set of regulations and will continue to evolve. Epicor HCM is there to help employers manage the ACA and various other government compliance requirements.

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EPICOR

Contact us for more information on Epicor Products and Services

+1.800.999.6995 info@epicor.com www.epicor.com

Corporate Office
804 Las Cimas Parkway
Austin, TX 78746
USA
Toll Free: +1.888.448.2636
Direct: +1.512.328.2300
Fax: +1.512.278.5590

Latin America and Caribbean
Blvd. Antonio L. Rodriguez #1882 Int. 104
Plaza Central, Col. Santa Maria
Monterrey, Nuevo Leon, CP 64650
Mexico
Phone: +52.81.1551.7100
Fax: +52.81.1551.7117

Europe, Middle East and Africa
No. 1 The Arena
Downshire Way
Bracknell, Berkshire RG12 1PU
United Kingdom
Phone: +44.1344.468468
Fax: +44.1344.468010

Asia
238A Thomson Road #23-06
Novena Square Tower A
Singapore 307684
Singapore
Phone: +65.6333.8121
Fax: +65.6333.8131

Australia and New Zealand
Suite 2 Level 8,
100 Pacific Highway
North Sydney, NSW 2060
Australia
Phone: +61.2.9927.6200
Fax: +61.2.9927.6298

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