



# ACA

## 2015 & Planning for the Future

\* We are pleased to offer this information to our clients, partners and friends for general informational purposes only. It is not meant to address all of your specific issues. It should not be construed as, nor intended to provide legal advice. Questions about specific issues and application of these rules to your business should be addressed by legal and/or financial counsel.

# Today's Topics

- Refresh the Rules & What's happening almost halfway through
- Annual Reporting and Compliance
- “Cadillac” Excise Tax
- 2016 & Beyond
- **EXCITING** Announcement
- Resources

# The Rules

- Definition of FT Employee: Anyone who works on average at least 30 hours per week
- Definition of ALE (Applicable Large Employer)
  - Any employer with over 50 FT + FTE employees
  - Only FTs need to be offered insurance
- Definition of Break in Service
  - At 13 weeks if no hours of service
  - Parity rule: Minimum of 4 weeks and longer than previous assignment
- Penalties A&B
  - To avoid both, must offer at least 70% (will go to 95% in 2016) FT employees and dependent children under 26 (MEC) **AND** MV coverage.
    - Also, limited non-assessment periods for certain employees, namely admin and initial measurement periods is only available to employers that offer MV to employees by the first day of the month following the applicable period. If don't offer MV, any employee who gets a subsidy would trigger the B penalty\*
  - To avoid A penalty, need to offer MEC.
  - To avoid B penalty, need to offer affordable or MV. Some MVP plans won't satisfy this in 2016, but if you signed up for one before November 4, 2014 you are eligible for transition relief in 2015. MVP plans do not necessarily prevent employees from receiving a subsidy to purchase coverage through the exchange and employers must not state verbally or in writing that the employer offer precludes the employee from obtaining a subsidy

\* Source: Does the 4980H(A) penalty really cap the 4980(B) penalty?- Healthcare Attorneys Inc.

# Other items to remember:

- Charging higher fees for employees who enroll
  - This rule is for PEO situations where the client is the common law employer, and coverage offered by the staffing firm is viewed as provided by the client satisfying the ACA employer obligation for the client
  - The rule does not mandate that the name of the employee be disclosed to the client.
  - Disclosing employee names of who is enrolled to your clients could be violation of HIPAA and ASA has urged caution in doing so : This would pertain to separate line item by employee name on invoices
- Driving eligible employees to benefit enrollment paperwork
  - Use the Assigned Mass Mail template in 14.2 to include the link to your benefit enrollment system or the employee portal
- Calculating non-traditional service hours
  - New transaction type property in 14.2, equate to hours via multiples of .25
- Supreme Court decision re: ACA healthcare exchanges due in late June

# Where in Avionté?

ACA Service Hours multiplier: 14.2

The screenshot shows the 'System | Config Transaction Type' window. The 'Property' tab is selected and highlighted with a red box. Below the tabs, there is a 'Select Branch' dropdown menu set to 'Eagan' and a 'Go' button. To the right, there is a 'Fetch' section with a checkbox labeled 'Apply changes to all Branches'. Below this, a table lists various properties. The 'UnitsToHoursMultiplier' property is highlighted with a red box, and its value '14.2' is being entered into the input field. A red callout bubble points to the 'Property' tab with the text 'Admin Tools-TransactionTypes-Property'.

Property	Value
IsCalculatedHours	False
LifeTimeLimit	0
MonthlyLimit	0
PayPeriodLimit	0
PayRequired	True
ShowLevy	False
ShowPerHour	False
TaxPaycodeIdentification	M
UnitsToHoursMultiplier	14.2

# Transaction Types: Hours of Service

- Paid FMLA
- Paid Jury Duty
- Paid Military Leave
- Holiday
- Vacation
- Sick Pay
- PTO
- On-call time
- Paid Employee disability time/WC time
- Special pay types: Salary, Mileage, per stop, piece pay, etc.

The screenshot displays the 'Admin Tool Main' application window. On the left, a 'Category' tree shows 'System' and 'Employer'. The 'System' category is selected, and a 'Select' dropdown is visible. The main area shows the 'System | Config Transaction Type' window. This window has tabs for 'Detail', 'Property', and 'Category'. The 'Property' tab is active, showing a table of transaction types. The table has columns: 'ConfigTransactionTypeID', 'Name', 'IsAdjustment', 'IncludeInACAHours', 'IncludeInOtherHours', 'ExcludeInMinimum', and 'GPCalculation'. The row for 'Jury Duty' (ID 121) is highlighted with a red border. Other rows include 'Levy-All but' (ID 114), 'Medical' (ID 27), 'Mileage' (ID 7), 'OT' (ID 3), 'P.Admin Fee' (ID 76), 'P.Burden Cost' (ID 81), 'P.Customer Spe...' (ID 82), 'P.Customer Spe...' (ID 83), 'P.ER Taxes' (ID 80), 'P.Gross Wages' (ID 77), 'P.Other Reimb' (ID 78), and 'P.WC Cost' (ID 79).

ConfigTransactionTypeID	Name	IsAdjustment	IncludeInACAHours	IncludeInOtherHours	ExcludeInMinimum	GPCalculation
121	Jury Duty	<input type="checkbox"/>	True	True	True	True
114	Levy-All but	<input checked="" type="checkbox"/>	False	False	False	False
27	Medical	<input checked="" type="checkbox"/>	False	False	False	False
7	Mileage	<input checked="" type="checkbox"/>	False	False	False	False
3	OT	<input type="checkbox"/>	True	False	False	True
76	P.Admin Fee	<input checked="" type="checkbox"/>	False	False	False	False
81	P.Burden Cost	<input checked="" type="checkbox"/>	False	False	False	False
82	P.Customer Spe...	<input checked="" type="checkbox"/>	False	False	False	False
83	P.Customer Spe...	<input checked="" type="checkbox"/>	False	False	False	False
80	P.ER Taxes	<input checked="" type="checkbox"/>	False	False	False	False
77	P.Gross Wages	<input checked="" type="checkbox"/>	False	False	False	False
78	P.Other Reimb	<input checked="" type="checkbox"/>	False	False	False	False
79	P.WC Cost	<input checked="" type="checkbox"/>	False	False	False	False

# Billing & Invoicing Options

Admin | Supplier Site

Details

SiteName	SiteDesc	Active	DefaultPaymentBankID	IsUsingGL	IsGroup
Minneapolis	Minneapolis Branch	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
New York	New York	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Eagan	Eagan Branch	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Los Angeles	Los Angeles	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
PeopleClues	PeopleClues Demo	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Add New Cancel

Site Info

Site Name: Minneapolis

Site Description: Minneapolis Branch

Active: ☒ Using GL: ☒

Default Payment BankID:

Copy information from:

Supplier Site Type: StaffingSupplierSite

Site Group Name:

Invoice Logo:

Payment Logo:

Address

Country: United States

Street 1: 123 Main St

Street 2: Suite 2

City: Eagan

State: MN Zip Code: 55121-

List Of Property

Property	Value	DateEntered
ACA Surcharge Percent	3%	10/06/2014
Admin Surcharge Perc...	2.95%	10/06/2014

- Mark-up
- Line item on invoice
  - Standard straight %
  - % based on total hours
  - % based on total \$
- Will require invoice modification if not handling via mark-up
- Also will need to consider what logic you'd like to apply:
  - If using finance charge: Should it be adjusted with these totals or not?
  - How should it be reflected in AR?
  - How or should it show up in your GL feed?

# Two IRS Reporting Obligations that are due in 2016

## 6055

Internal Revenue Code Section 6055 requires insurers and sponsors of self-insured plans to prepare annual reports regarding minimal essential coverage (MEC)

If you sponsor a fully insured plan, your health insurance provider will be responsible for Section 6055 reporting for that plan

Note this is for the calendar year, regardless of plan year.

## 6056

Internal Revenue Code section 6056 requires applicable large employer members (ALE) to prepare annual reports regarding the coverage offered to their employees

Both fully insured and self insured must report this information.

Included information about whether the coverage was affordable and offered to dependents.

# Who? How?

- Who has to report:
  - ALEs (Applicable Large Employer)
  - This includes those that are 50-99 who did not have to fully comply in 2015.
  - For fully insured plans, the insurance provider is responsible for Part III of the 1095-C
- Who to report on?
  - Any employees who were FT for one or more months
  - For self insured ALEs, all persons who were covered during the year including COBRA beneficiaries, board members, owners, etc.



# Types of Reporting

Type of Reporting	Who Reports	IRS Transmittal	IRS Return	Employee Statement
6055	Insurer	1094-B	1095-B	1095-B
6056	ALE with Fully insured plan	1094-C	1095-C, Parts I & II	1095-C, Parts I & II
6055	Small employer with Self-insured plan	1094-B	1095-B	1095-B
6055/6056	ALE with self insured plan reporting employees	1094-C	1095-C	1095-C
6055	ALE with Self insured plan reporting non-employees	1094-B or 1094-C	1095-B or 1095-C	1095-B or 1095-C, Part III

ALE or Non-ALE?	Type of MEC	1095-B	1095-C
ALE	Self-funded MEC	None	Provide to all covered individuals, all part-time employees offered coverage, and all full-time employees. Complete Part III for all covered individuals (i.e. full-time, part-time and dependents who are enrolled in the MEC). Complete parts I and II for full-time employees (whether or not offered coverage) and for all part time employees offered coverage. For part-time employees offered coverage, enter code "1G" on Line 14 of Part II. Do not provide to part-time employees who are not offered coverage.
ALE	Insured MEC	Insurer provides to all covered individuals (including part-time)	Provide with parts I and II completed to full-time employees only.
ALE	No MEC	None	Provide with parts I and II completed to full-time employees only
Non-ALE	Self-funded MEC	Employer provides to all covered individuals (including part- time)	None
Non-ALE	Insured MEC	Insurer provides to all covered individuals (including part- time)	None
Non-ALE	No MEC	None	None

Form	Who/To	How/When
1095-B & 1094-B	<p>Plan Sponsors of self-insured employer coverage if employer is <u>NOT</u> ALE</p> <p>ALE may need to file if have covered non-employees (COBRA beneficiaries, retirees, partners)</p> <p>Insurance carriers for fully insured coverage</p>	<ul style="list-style-type: none"> <li>• 2/28 for paper forms</li> <li>• 3/31 if filed electronically</li> </ul>
1095-C	All covered participants and any employee who was FT for any month of the calendar year	<ul style="list-style-type: none"> <li>• To all employees by 1/31, can be included with the W2 distribution</li> <li>• Can send via mail, electronically (with affirmative consent), posting to web portal (must separately notify employee that is has been posted)</li> </ul>
1094-C	Transmittal to IRS, similar to W3	<ul style="list-style-type: none"> <li>• 2/28 for those employers who filed fewer than 250 Forms 1095-C</li> <li>• 3/31 (electronically) for all other employers</li> </ul>

# Penalties

What	Fees
Failure to offer minimum essential coverage to 95% (70% in 2015) to FT employees and dependent children up to age 26. No requirement that this be affordable or provide minimum value.	\$2,084 multiplied by # of FT employees minus 30 (80 for 2015). This is calculated on a <u>monthly</u> basis
Employer failure to offer coverage that is affordable AND provides minimum value	\$3,126 per year if the employee is receives premium tax assistance through the exchange
Employer failure to file on-time Employer	\$100 per form if not filed on time

# 1095-B: Part IV

- Insurance carrier is responsible for this form.

Form <b>1095-B</b>		Health Coverage		<input type="checkbox"/> VOID <input type="checkbox"/> CORRECTED		560115 OMB No. 1545-2252 <b>2014</b>									
Department of the Treasury Internal Revenue Service															
▶ Information about Form 1095-B and its separate instructions is at <a href="http://www.irs.gov/form1095b">www.irs.gov/form1095b</a> .															
<b>Part I Responsible Individual (Policy Holder)</b>															
1 Name of responsible individual		2 Social security number (SSN)		3 Date of birth (if SSN is not available)											
4 Street address (including apartment no.)		5 City or town		6 State or province		7 Country and ZIP or foreign postal code									
8 Enter letter identifying Origin of the Policy (see instructions for codes): . . . . . ▶ <input type="checkbox"/>		9 Small Business Health Options Program (SHOP) Marketplace identifier, if applicable													
<b>Part II Employer Sponsored Coverage (If Line 8 is A or B, complete this part.)</b>															
10 Employer name				11 Employer identification number (EIN)											
12 Street address (including room or suite no.)		13 City or town		14 State or province		15 Country and ZIP or foreign postal code									
<b>Part III Issuer or Other Coverage Provider</b>															
16 Name				17 Employer identification number (EIN)		18 Contact telephone number									
19 Street address (including room or suite no.)		20 City or town		21 State or province		22 Country and ZIP or foreign postal code									
<b>Part IV Covered Individuals (Enter the information for each covered individual(s).)</b>															
(a) Name of covered individual(s)	(b) SSN	(c) DOB (if SSN is not available)	(d) Covered all 12 months	(e) Months of coverage											
				Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
23			<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"/>
24			<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"/>
25			<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"/>
26			<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"/>

SSN &  
DOB  
Retrieval  
needed

# 1095-C: Employee Statement

Form **1095-C**  
Department of the Treasury  
Internal Revenue Service

**Employer-Provided Health Insurance Offer and Coverage**  
► Information about Form 1095-C and its separate instructions is at [www.irs.gov/1095c](http://www.irs.gov/1095c).

☐ VOID  
☐ CORRECTED

OMB No. 1545-2251  
**2014**

**Part I Employee**

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 and Coverage**


	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
14 Offer of Coverage (enter required code)													
15 Employee Share of Lowest Cost Monthly Premium, for Self-Only Minimum Value Coverage	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Applicable Section 4980H Safe Harbor (enter code, if applicable)													

**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	(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"/>

- All ALEs over 50 FT employees **MUST** complete and send
- Part II
  - This is where you'll provide information about offer of coverage
  - Instructions provide detailed information about codes to use

# 1094-C: Employer Transmittal

<b>Form 1094-C</b> <small>Department of the Treasury Internal Revenue Service</small>		<b>Transmittal of Employer-Provided Health Insurance Offer and Coverage Information Returns</b> <small>► Information about Form 1094-C and its separate instructions is at <a href="http://www.irs.gov/ff1094c">www.irs.gov/ff1094c</a>.</small>		<input type="checkbox"/> CORRECTED	<div>120115</div> <div>OMB No. 1545-2251</div> <div style="font-size: 24pt; font-weight: bold;">2014</div>
<b>Part I Applicable Large Employer Member (ALE Member)</b>					
1 Name of ALE Member (Employer)		2 Employer identification number (EIN)			
3 Street address (including room or suite no.)					
4 City or town	5 State or province	6 Country and ZIP or foreign postal code			
7 Name of person to contact		8 Contact telephone number			
9 Name of Designated Government Entity (only if applicable)		10 Employer identification number (EIN)			
11 Street address (including room or suite no.)					
12 City or town	13 State or province	14 Country and ZIP or foreign postal code			
15 Name of person to contact		16 Contact telephone number			
					<b>For Official Use Only</b> 
17 Reserved					<input type="checkbox"/>
18 Total number of Forms 1095-C submitted with this transmittal					▶
<b>Part II ALE Member Information</b>					
19 Is this the authoritative transmittal for this ALE Member? If "Yes," check the box and continue. If "No," see instructions					<input type="checkbox"/>
20 Total number of Forms 1095-C filed by and/or on behalf of ALE Member					▶
21 Is ALE Member a member of an Aggregated ALE Group?					<input type="checkbox"/> Yes <input type="checkbox"/> No
If "No," do not complete Part IV.					
22 Certifications of Eligibility (select all that apply):					
<input type="checkbox"/> A. Qualifying Offer Method <input type="checkbox"/> B. Qualifying Offer Method Transition Relief <input type="checkbox"/> C. Section 4980H Transition Relief <input type="checkbox"/> D. 98% Offer Method					
<small>Under penalties of perjury, I declare that I have examined this return and accompanying documents, and to the best of my knowledge and belief, they are true, correct, and complete.</small>					
Signature		Title		Date	
<small>For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.</small>					

C & D only apply for 2015

# 1094-C: Part III

120215

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Form 1094-C (2014)

**Part III ALE Member Information – Monthly**

		(a) Minimum Essential Coverage Offer Indicator		(b) Full-Time Employee Count for ALE Member	(c) Total Employee Count for ALE Member	(d) Aggregated Group Indicator	(e) Section 4980H Transition Relief Indicator
		Yes	No				
23	All 12 Months	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
24	Jan	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
25	Feb	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
26	Mar	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
27	Apr	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
28	May	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
29	June	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
30	July	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
31	Aug	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
32	Sept	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
33	Oct	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
34	Nov	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
35	Dec	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	

Form 1094-C (2014)

# 1094-C: Part IV

Form 1094-C (2014)

120315

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## Part IV Other ALE Members of Aggregated ALE Group

Enter the names and EINs of Other ALE Members of the Aggregated ALE Group (who were members at any time during the calendar year).

Name		EIN	Name		EIN
36			51		
37			52		
38			53		
39			54		
40			55		
41			56		
42			57		
43			58		
44			59		
45			60		
46			61		
47			62		
48			63		
49			64		
50			65		

Form 1094-C (2014)

# What Data is needed:

- Who was covered by MEC?
- Who are Full-time employees?
- Who was offered coverage?
- Was coverage affordable?
- If you are self-insured and required to do 1095-B or part III of 1095-C
  - Request SSNs for covered dependents
  - Determine other control group or affiliated service group members: i.e. board members, retirees, COBRA beneficiaries

# Where is that data housed in Avionté?

Data	Field
Covered by MEC	Deduction
FT Employees	Hours or ACA Eligibility=yes
Offered Coverage	Deduction/Contribution
Affordable Coverage	Supplier/Branch property
Dependent information: self insured only	Comma delimited list in Deduction Note section

# Recording Contributions/Deductions

- **Contributions:**

- Use to capture amount of contribution
- Use to capture declination of coverage reasons

- **Deductions**

- Use to track weekly deductions
- Start deductions on month prior to enrollment eligibility to create a “bank” for non-worked weeks

The screenshot displays a software interface for managing employee contributions and deductions. It is divided into two main sections: 'New Contribution' and 'New Deduction'.

**New Contribution Section:**

- Navigation tabs: Start Page, Search, Summary, Deduction, **Contribution** (highlighted).
- Buttons: New Contribution, Actions, New Employee.
- Table:

Transaction Type	Amount/Pct	Active	Note	Frequency
Health Care Plan1	\$25.00	<input checked="" type="checkbox"/>		Weekly

**New Deduction Section:**

- Navigation tabs: Start Page, Search, Summary, **Deduction** (highlighted), Contribution, ACA Eligibility.
- Buttons: New Deduction, Actions, New Employee.
- Table:

Transaction Type	Amount/Pct	Active	Note
AdvanceBank	\$0.00	<input checked="" type="checkbox"/>	
Health Care Plan1	\$25.00	<input checked="" type="checkbox"/>	Jilly Johns 3/4/76,

**Deduction Details:**

- Deduction Type:** Health Care Plan1
- Amount/Percentage:** FixedAmount (selected), Amount: \$25.00
- Deduction Max %:** 100.00%
- Sequence:** 1
- Active:** ☒
- Deduction Pay Cycle:** Weekly
- Flag During Payroll:** ☐

**Limits:**

Limit Type	Amount
Pay Period Limit	\$0.00
Monthly Limit	\$0.00
Yearly Limit	\$0.00
Life Time Limit	\$0.00

**Date:**

- Start Date:** 03/26/2015
- End Date:**

**Other Fields:**

- Select Agency:** See
- Reference Number:**

**Right Sidebar:** Setup, History, Notes, Rates Setup, Other.

# ACA Module

Start Page Search Summary **ACA Eligibility** Contribution Deduction

Actions New Employee

Is employee ACA eligible? No

Employee Eligibility Measurements

Meas. Start Date	Meas. End Date	Measured Type	Total Hours	Measured Eligibility
<input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▶ 06/01/2013	06/01/2014	Standard	0	Non full time

Start Page Search Summary **ACA Eligibility** Contribution Deduction

Actions New Employee

Is employee ACA eligible? Yes

Current stability period end date 07/01/2015

Employee Eligibility Measurements

Meas. Start Date	Meas. End Date	Measured Type	Total Hours	Measured Eligibility
<input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▶ 06/01/2013	06/01/2014	Standard	1520	Full time

# Recording Affordability

**ABC Staffing Inc.**

DetailBranchUserWc CodeBankTaxLocality/CountryAccrual PlanConfig V

Details

Short Name	Full Name	FEIN	Parent Supplier	Next Invoice
ABC	ABC Staffing Inc.	505505505		6571

**Supplier Info**

Short Name

ABC

Full Name

ABC Staffing Inc.

Parent Supplier

FEIN


505505505

Next Invoice Number

6571


Copy Information From

Logo




Browse

Invoice Logo



Browse

Payment Logo



Browse

**Address**

Country

United States

Street 1

123 Main Street

Street 2

City

Eagan

State

MN

Zip Code

55122-

**List OF Property**

Save

**Contact Method**

# Recording Dependent information

Start Page Search Summary **Deduction** Contribution ACA Eligibility

New Deduction | Actions | New Employee

Transaction Type	Amount/Pct	Active	Note
AdvanceBank	\$0.00	<input checked="" type="checkbox"/>	
▶ Health Care Plan1	\$25.00	<input checked="" type="checkbox"/>	

Max % of Net

Notes

Jilly Johns 3/4/76, Petey Madison 6/7/04, Zoey Madison 9/3/07

Setup History **Notes** Rates Setup Other

## Example 1: On-going FT, employed all year

Form <b>1095-C</b> Department of the Treasury Internal Revenue Service		<b>Employer-Provided Health Insurance Offer and Coverage</b> ► Information about Form 1095-C and its separate instructions is at <a href="http://www.irs.gov/f1095c">www.irs.gov/f1095c</a> .				<input type="checkbox"/> VOID <input type="checkbox"/> CORRECTED		OMB No. 1545-2251 <b>2014</b>					
<b>Part I Employee</b>					<b>Applicable Large Employer Member (Employer)</b>								
1 Name of employee Suzie Q			2 Social security number (SSN) 1111111111		7 Name of employer Avionte			8 Employer identification number (EIN) 1234567888					
3 Street address (including apartment no.) 123 ACA Avenue					9 Street address (including room or suite no.) 1271 Eagan Industrial, Ste 150			10 Contact telephone number 651-556-2121					
4 City or town ACAVille		5 State or province MN		6 Country and ZIP or foreign postal code 55102		11 City or town Eagan		12 State or province MN					
								13 Country and ZIP or foreign postal code 55121					
<b>Part II Employee Offer and Coverage</b>													
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
14 Offer of Coverage (enter required code)	1E												
15 Employee Share of Lowest Cost Monthly Premium, for Self-Only Minimum Value Coverage	\$ 180	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Applicable Section 4980H Safe Harbor (enter code, if applicable)	2F												

1E- MEC w/ MV offered to employee and at least MEC offered to dependent(s) and spouse.

2F- Section 4980H affordability form W2 safe harbor

## Example 2:

1. On-going FT through May 25 and quits
2. Rehired on Aug. 3
3. Must be offered again by 3<sup>rd</sup> of following month since it wasn't a true break in service

<b>Form 1095-C</b> Department of the Treasury Internal Revenue Service		<b>Employer-Provided Health Insurance Offer and Coverage</b> ► Information about Form 1095-C and its separate instructions is at <a href="http://www.irs.gov/f1095c">www.irs.gov/f1095c</a> .				<input type="checkbox"/> VOID <input type="checkbox"/> CORRECTED		600115 OMB No. 1545-2251 <b>2014</b>					
<b>Part I Employee</b>						<b>Applicable Large Employer Member (Employer)</b>							
1 Name of employee Samm Superfiler			2 Social security number (SSN) 1111111111			7 Name of employer Avionte			8 Employer identification number (EIN) 1234567888				
3 Street address (including apartment no.) 123 ACA Way						9 Street address (including room or suite no.) 1271 Eagan Industrial, Ste 150			10 Contact telephone number 651-556-2121				
4 City or town ACAVille		5 State or province MN		6 Country and ZIP or foreign postal code 55102		11 City or town Eagan		12 State or province MN		13 Country and ZIP or foreign postal code 55121			
<b>Part II Employee Offer and Coverage</b>													
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
14 Offer of Coverage (enter required code)		1B	1B	1B	1B	1B	1H	1H	1H	1B	1B	1B	1B
15 Employee Share of Lowest Cost Monthly Premium, for Self-Only Minimum Value Coverage	\$	\$ 200	\$ 200	\$ 200	\$ 200	\$ 200	\$	\$	\$	\$ 200	\$ 200	\$ 200	\$ 200
16 Applicable Section 4980H Safe Harbor (enter code, if applicable)		2C	2C	2C	2C	2C	2A	2A	2D	2C	2C	2C	2C

1B- MEC w/ MV offered to Employee only

1H- No offer of coverage

2C- Employee enrolled in coverage offered

2A-Employee not employed during the month

2D.-Employee in a section 4980H(b) Limited Non-Assessment Period

# 1095-C Code Series Summary

## Series 1

- 1A. Qualifying Offer: Minimum essential coverage providing minimum value offered to full-time employee with employee contribution for self-only coverage equal to or less than 9.5% mainland single federal poverty line and at least minimum essential coverage offered to spouse and dependent(s).
- 1B. Minimum essential coverage providing minimum value offered to employee only.
- 1C. Minimum essential coverage providing minimum value offered to employee and at least minimum essential coverage offered to dependent(s) (not spouse).
- 1D. Minimum essential coverage providing minimum value offered to employee and at least minimum essential coverage offered to spouse (not dependent(s)).
- 1E. Minimum essential coverage providing minimum value offered to employee and at least minimum essential coverage offered to dependent(s) and spouse.
- 1F. Minimum essential coverage NOT providing minimum value offered to employee, or employee and spouse or dependent(s), or employee, spouse and dependents.
- 1G. Offer of coverage to employee who was not a full-time employee for any month of the calendar year 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).
- 1I. Qualifying Offer Transition Relief 2015: Employee (and spouse or dependents) received no offer of coverage, received an offer that is not a qualifying offer, or received a qualifying offer for less than 12 months.

## Series 2

- 2A. Employee not employed during the month. Enter code 2A if the employee was not employed on any day of the calendar month. Do not use code 2A for a month if the individual was an employee of the employer on any day of the calendar month. Do not use code 2A for the month during which an employee terminates employment with the employer.
- 2B. Employee 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.
- 2C. Employee enrolled in coverage offered.
- 2D. Employee in a section 4980H(b) Limited Non-Assessment Period. Enter code 2D for any month during which an employee is in a Limited Non-Assessment Period for section 4980H(b). If an employee is in an initial measurement period, enter code 2D (employee in a section 4980H(b) Limited Non-Assessment Period) for the month, and not code 2B (employee not a full-time employee).
- 2E. Multiemployer interim rule relief. Enter code 2E for any month for which the multiemployer interim guidance applies for that employee. This relief is described under Offer of Health Coverage in the Definitions section of these instructions.
- 2F. Section 4980H affordability Form W-2 safe harbor.
- 2G. Section 4980H affordability federal poverty line safe harbor.
- 2H. Section 4980H affordability rate of pay safe harbor.
- 2I. Non-calendar year transition relief applies to this employee.

# Cadillac Excise Tax



# Cadillac Excise Tax- What is it?

- Begins in 2018
- Cap on pretax spend by employer, excess on the cap is subject to 40% non-deductible excise tax
- Cap is adjusted annually for inflation each year based on CPI
- Value is calculated by each individual (same value on W2)
  - Limit will be based on the plan an employee is actually enrolled in, not the most expensive or inexpensive plan offered to the employee
  - If you are fully insured, your insurer is responsible to pay the tax, of course it is expected that this will be passed down to employers
  - If you are self insured, plan sponsor will pay these fees.
- Goals for excise tax
  - Slow rate of health care cost increase
  - Generate revenue: Projects \$120 billion in new tax revenue between 2018 & 2024\* between the excise tax and the increased taxable wages the cap provides
  - Cap amount of tax free benefits provided in form of employer sponsored health care

	Self Only Coverage Cap	Other than Self only Cap
Active Employees	\$10,200	\$27,500
Retirees/ High Risk	\$11,850	\$30,950

# Excise Tax 101



## Basics

- Applies to ALL employers, no exemptions (including tax exempt, government entities, etc.)
- Fully insured: Employers calculate, insurers pay
- Self insured: Employers calculate and pay
- The tax of 40% of any excess benefit is nondeductible
- Reported on calendar year basis but assessed on a monthly basis

## Plans that are included

- Traditional Major medical plans, HMO, PPO, EPO, POS
- FSA, HSA, HRA, MSA
- Governmental plans

## Determining the cost of benefits: Per Employee per Month

- ER & EE paid premiums
- ER & EE contributions made to Healthcare FSA and/or pre-tax HSA
- Contributions to HRA
- On-site medical clinics
- Supplementary health insurance coverage, excluding dental and vision coverage (for now)

## Still to come

- Forms and instructions
- Inflation adjustments

# Historical Premium Costs

- Average single premium increase 2% higher than 2013
  - 31% increase 2004-2009
  - 22% increase 2009-2014
- Average family premium increase 3% higher over 2013
  - 34% increase 2004-2009
  - 26% increase 2009-2014
- Average employee contribution to single coverage is 18% and 29% for family coverage
  - 81% worker contribution increase 2004-2014
- Overall premiums are highest in the Northeast and lowest in the South

**EXHIBIT 1.3**  
**Average Monthly and Annual Premiums for Covered Workers, by Plan Type and Region, 2014**

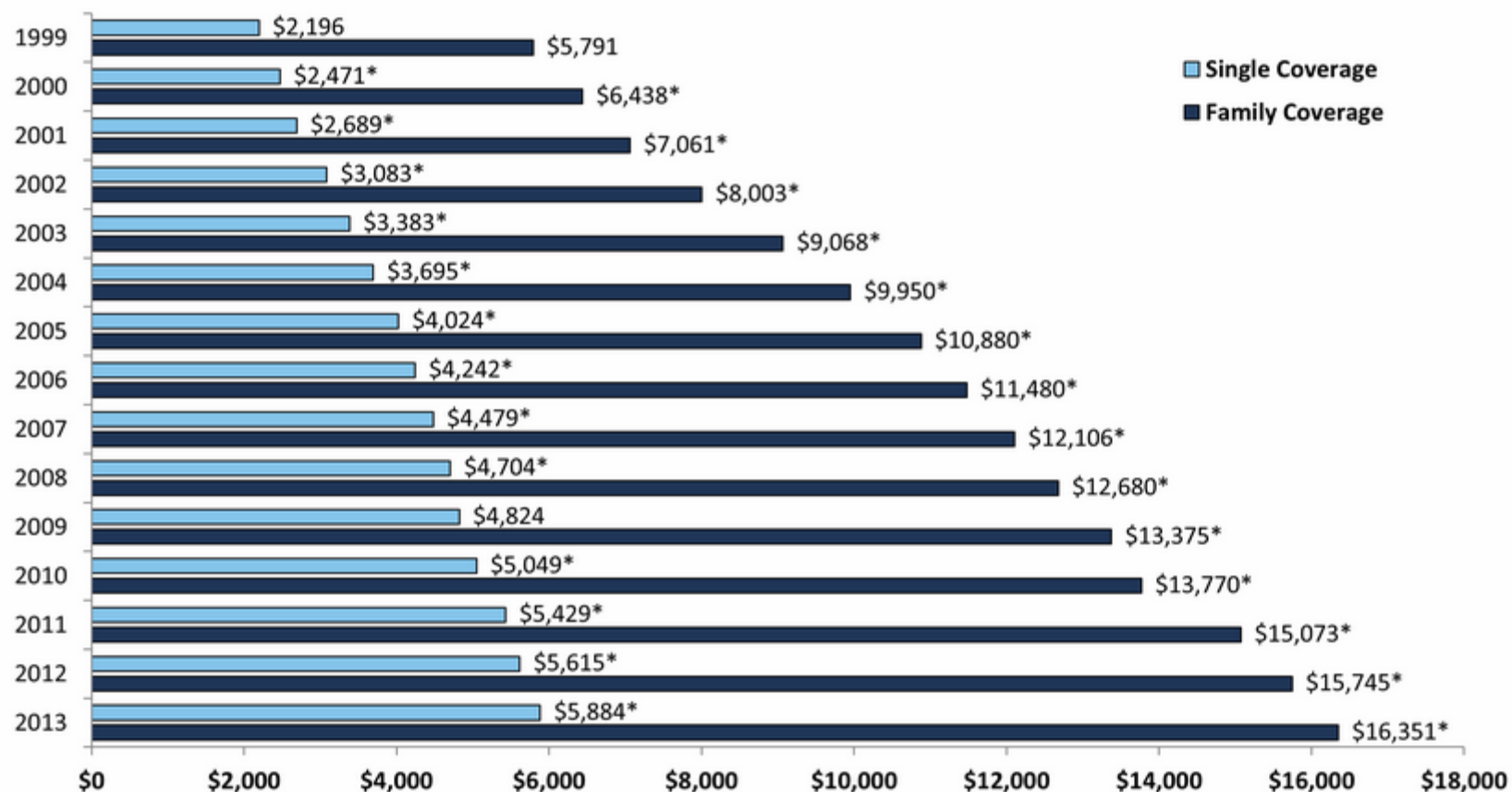
	Monthly		Annual	
	Single Coverage	Family Coverage	Single Coverage	Family Coverage
<b>HMO</b>				
Northeast	\$566*	\$1,578*	\$6,794*	\$18,938*
Midwest	\$543	\$1,422	\$6,516	\$17,066
South	\$467*	\$1,368	\$5,599*	\$16,420
West	\$514	\$1,432	\$6,171	\$17,188
<b>ALL REGIONS</b>	<b>\$519</b>	<b>\$1,449</b>	<b>\$6,223</b>	<b>\$17,383</b>
<b>PPO</b>				
Northeast	\$546	\$1,548*	\$6,555	\$18,578*
Midwest	\$538	\$1,487	\$6,453	\$17,839
South	\$495*	\$1,378*	\$5,937*	\$16,531*
West	\$515	\$1,428	\$6,176	\$17,130
<b>ALL REGIONS</b>	<b>\$518</b>	<b>\$1,444</b>	<b>\$6,217</b>	<b>\$17,333</b>
<b>POS</b>				
Northeast	\$564*	\$1,392	\$6,773*	\$16,708
Midwest	\$484	\$1,341	\$5,805	\$16,096
South	\$430*	\$1,169*	\$5,158*	\$14,026*
West	\$605	\$1,507	\$7,257	\$18,083
<b>ALL REGIONS</b>	<b>\$514</b>	<b>\$1,336</b>	<b>\$6,166</b>	<b>\$16,037</b>
<b>HDHP/SO</b>				
Northeast	\$435	\$1,271	\$5,215	\$15,254
Midwest	\$432	\$1,233	\$5,186	\$14,792
South	\$434	\$1,294	\$5,214	\$15,530
West	\$478	\$1,364	\$5,733	\$16,365
<b>ALL REGIONS</b>	<b>\$442</b>	<b>\$1,283</b>	<b>\$5,299</b>	<b>\$15,401</b>
<b>ALL PLANS</b>				
Northeast	\$531*	\$1,481*	\$6,369*	\$17,772*
Midwest	\$505	\$1,400	\$6,060	\$16,800
South	\$477*	\$1,347*	\$5,720*	\$16,170*
West	\$514	\$1,422	\$6,163	\$17,067
<b>ALL REGIONS</b>	<b>\$502</b>	<b>\$1,403</b>	<b>\$6,025</b>	<b>\$16,834</b>

\* Estimate is statistically different within plan and coverage types from estimate for all firms not in the indicated region ( $p < .05$ ).

Source: Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2014.

## Exhibit 1.11

### Average Annual Premiums for Single and Family Coverage, 1999-2013



\* Estimate is statistically different from estimate for the previous year shown (p<.05).

SOURCE: Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 1999-2013.

# Examples of the Excise Tax

## Self Only Coverage



Plan cost= \$10,500

Max Threshold= \$10,200

Tax=  $\$300 \times 40\%$

Total Tax= \$120 per employee

## Family Coverage



Plan cost= \$28,200

Max Threshold= \$27,500

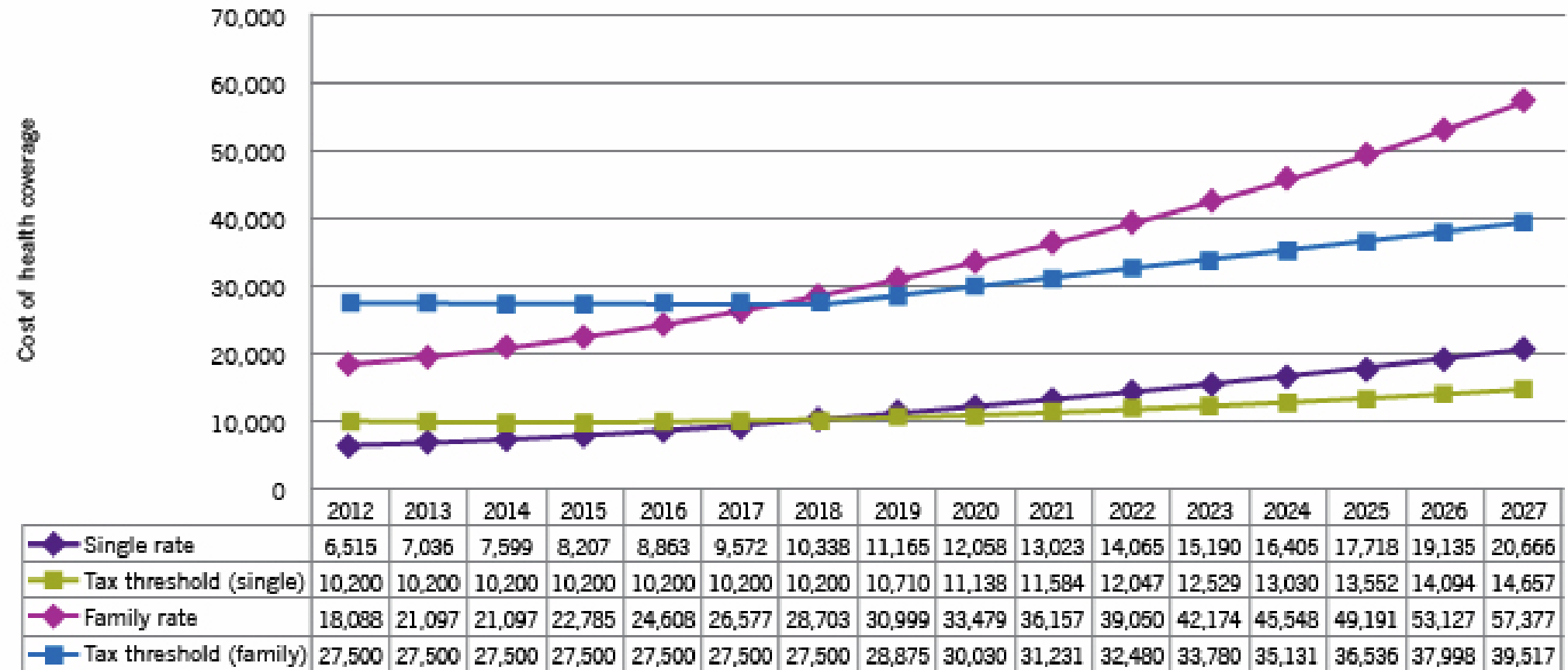
Tax=  $\$700 \times 40\%$

Total Tax= \$280 per employee

# What this could mean:

	Individual Coverage	Family Coverage	
Excise Tax limit	\$10,200	\$27,500	
Cost of plan	\$10,500	\$28,200	
Amount subject to tax	\$300	\$700	Total
Number enrolled	100	1000	1,100
Annual Penalty in 2018	\$12,000	\$280,000	\$292,000

## Illustration of Cadillac Excise Tax



Source: <https://www.grantthornton.com/issues/library/articles/tax/2013/07-M-and-a-tax-health-care-reform.aspx>

# What can you do about it?



- Conduct an excise tax assessment to project when/if your costs will exceed excise tax cap
  - Do it through 2025 to determine when you'll cross the tax limit given the CPI
  - Focus on where you are doing business, some regions are much more expensive than others.
  - Evaluate alternative plan designs to avoid exceeding the cap
- Determine how you will accommodate a decrease in benefits
  - Increase to wage base
  - Limit dependent offering to children under 26 per the law
- Start communicating with employees effectively about high deductible plans
  - HDHP/SO: offers triple tax savings, contribution is pre-tax, can grow tax free and withdrawals pay for qualified medical expense that are not taxable on federal level
  - Can control your own spend and save for medical expenses now and in the future, take it with you through retirement
    - Younger members- healthy, usually over insured now
    - Older members- understand the need/ability to invest for Medicaid supplements they will need later

# Other Fees to remember

- PCORI (Patient Centered Outcomes Research)
  - Paid by insurer for fully funded plans
  - Paid by employer or plan sponsor for self-funded plans
    - For plan years end on or after 10/1/14 but before 10/1/15, \$2.08 multiplied by average number of lives covered under the plan for the plan year, including COBRA qualified beneficiaries and retirees. Indexed annually
    - Reported on IRS Form 720, annual form, due 7/31 of each year
- Reinsurance Fees
  - Paid by insurer for fully funded plans
  - Paid by employer or plan sponsor for self-funded plans
    - Need to report number of covered lives subject to the fee by 11/15 of each year to HHS, then will be notified of amount needed to pay
    - If plan is self funded AND self administered including adjudication of appeals, you are exempt from the fee for 2015 and 2016

# The future

## 2016

- Auto enrollment will be rolled out
- Be able to prove that you offered coverage
- Exchange management plan
  - Process to handle exchange notices
  - Only have 90 days to respond, if do not respond will be responsible for \$3000 penalty & employee keeps subsidy

## 2017 & 2018

- Penalty assessments will start coming
  - Could be 1.5-2 years after plan years
  - Make sure that data is maintained and preserved

# 2014

\$95  
PER ADULT

\$47<sup>50</sup>  
PER CHILD

UP TO \$285  
PER HOUSEHOLD



OR ↓

1%  
OF YEARLY  
HOUSEHOLD  
INCOME

FLAT \$ AMOUNT OR % OF INCOME  
(WHICHEVER IS GREATER)

**IN 2014**, individuals and families with income under approximately **\$28,500** will *pay a flat dollar penalty amount* if they fail to obtain minimum essential coverage. Individuals and families with income over **\$28,500** will *pay a penalty equal to 1 percent of their income*.

# 2015

\$325  
PER ADULT

\$162<sup>50</sup>  
PER CHILD

UP TO \$975  
PER HOUSEHOLD



OR ↓

2%  
OF YEARLY  
HOUSEHOLD  
INCOME

FLAT \$ AMOUNT OR % OF INCOME  
(WHICHEVER IS GREATER)

**IN 2015**, individuals and families with income under approximately **\$48,750** will *pay a flat dollar penalty amount* if they fail to obtain minimum essential coverage. Individuals and families with income over **\$48,750** will *pay a penalty equal to 2 percent of their income*.

# 2016

\$695  
PER ADULT

\$347<sup>50</sup>  
PER CHILD

UP TO \$2,085  
PER HOUSEHOLD

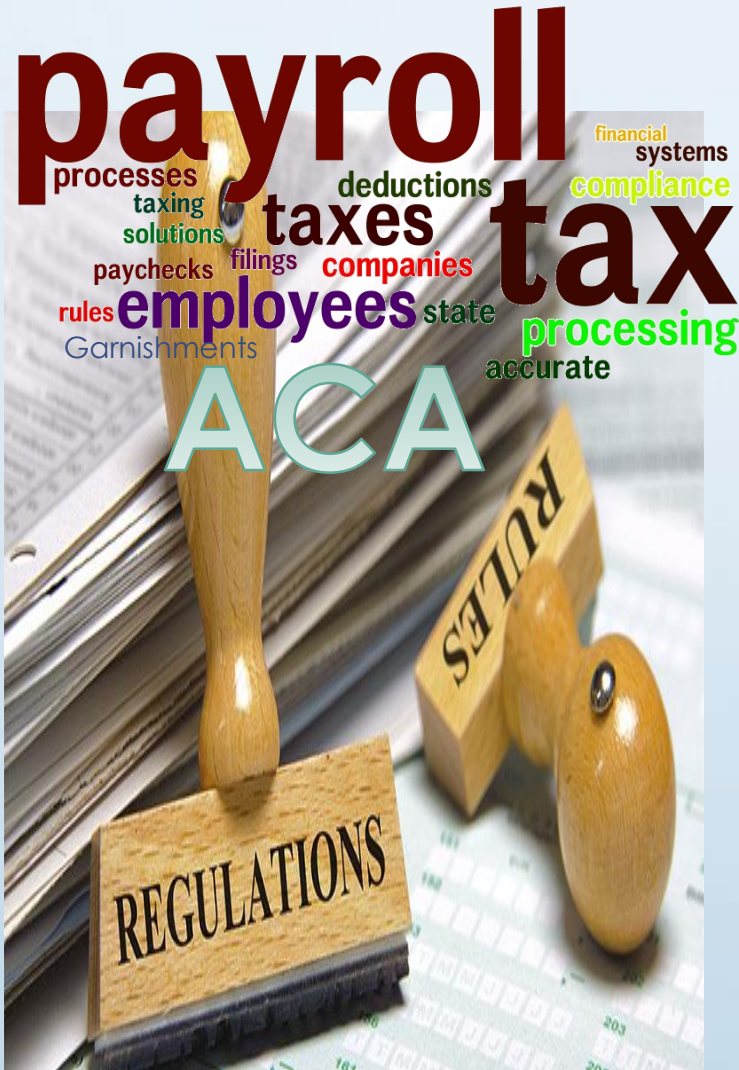


OR ↓

2.5%  
OF YEARLY  
HOUSEHOLD  
INCOME

FLAT \$ AMOUNT OR % OF INCOME  
(WHICHEVER IS GREATER)

**IN 2016**, individuals and families with income under approximately **\$83,400** will *pay a flat dollar penalty amount* if they fail to obtain minimum essential coverage. Individuals and families with income over **\$83,400** will *pay a penalty equal to 2.5 percent of their income*.



Do you want a solution for:

- Overwhelming paperwork?
- Complicated compliance rules?
- Ever-changing regulations?
- Time-sucking manual tasks?
- Fear of doing it wrong?
- Threat of fees and fines?

Introducing.....



# Assisted Payroll Services

ultimate **A**dvantage, **P**remier partners, **S**imple system

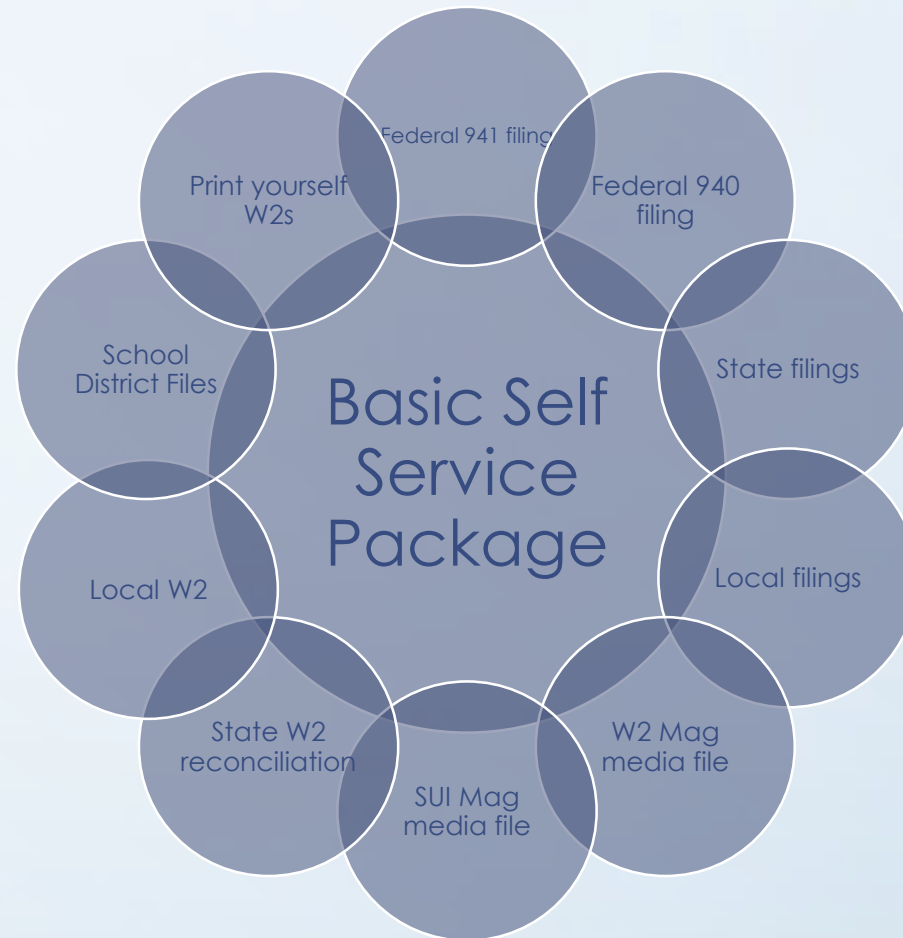


## **The Simpli"filer": Payroll Maintenance Packages**

We understand that payroll is mission critical. Let us remove the guesswork, the headaches, the worries and outdated middle office processes.

Focus on what's crucial to you, the people.

**Available 6/1/15!**



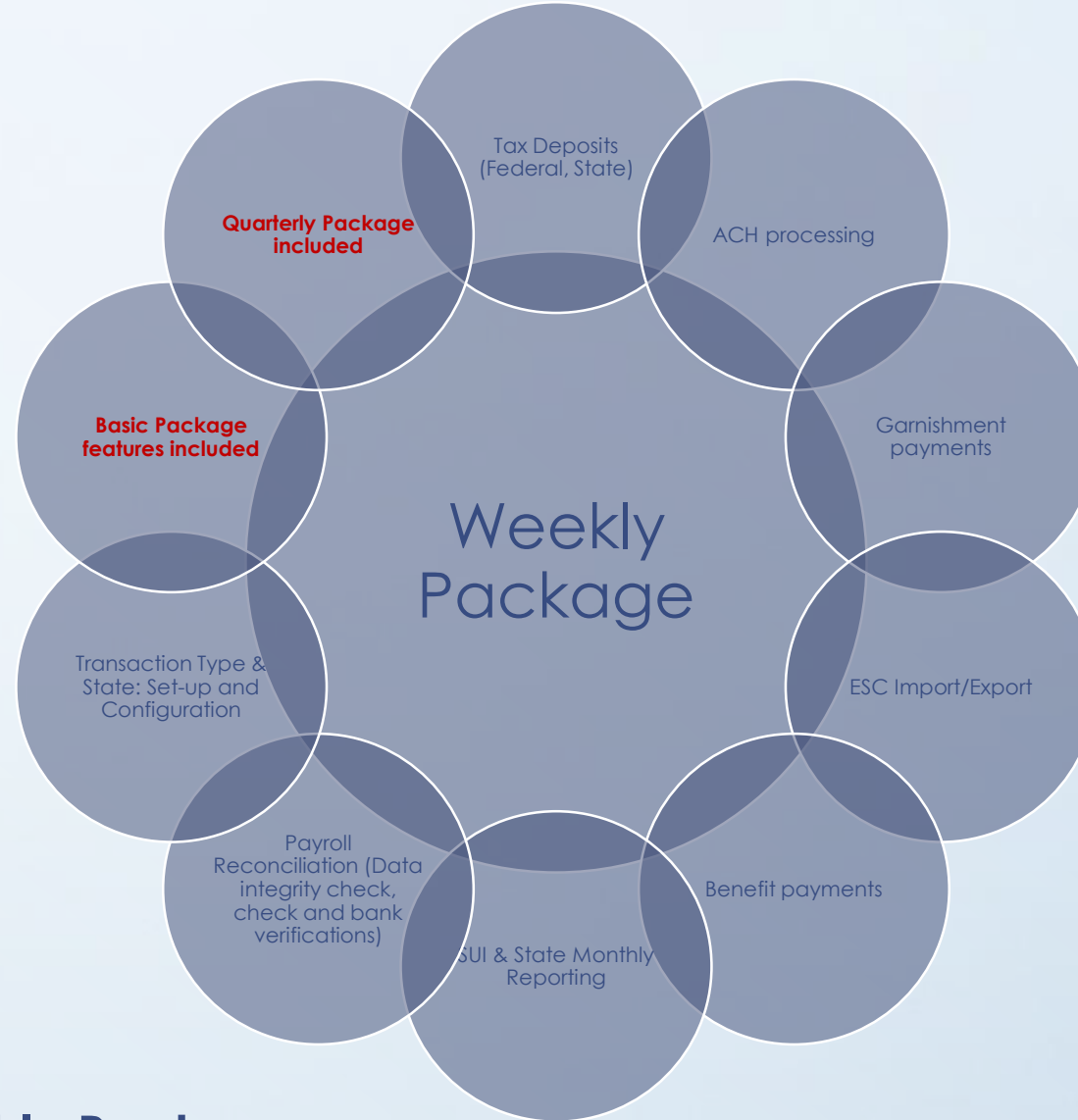
## Basic Self Service Package

For the do-it-yourselfer, we have all of the tools you'll need to process tax filings and reporting to federal, state and local entities.



## Quarterly Maintenance Package

You get all of the basic package features plus help with those pesky state and local payments.



## Weekly Package

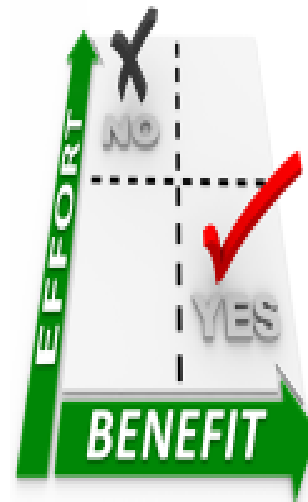
The big kahuna! You get the basic AND quarterly package features, plus we'll take the weekly burden off your plate. You enter time, post your payroll and let us take care of the rest!



## Coming August 2015: Payroll Service Marketplace

Including benefit enrollment and administration services, enhanced ACA reporting, Payroll funding, Tax payments, Garnishment administration, Benefit plans and much, much more.

Premier partners, Simple system,  
Ultimate advantage



## Service Marketplace



### Enter details

\_\_\_\_\_ # of Full time employees  
 \_\_\_\_\_ # of Total Employees  
 \_\_\_\_\_ Turnover % (if known)  
 \_\_\_\_\_ # of PEINs  
 \_\_\_\_\_ # of States

Pay frequency: ☐ Weekly ☐ Bi-weekly ☐ Semi-monthly  
 Do you do business in IN, KY, OH, and/or PA? ☐ Yes ☐ No  
 Do you do business in AL, CA, CO, DE, IA, MD, MI, MO, NJ, NY, OR or WV? ☐ Yes ☐ No

### Select Maintenance Package: Select One

- ☐ Payroll Maintenance: Weekly  
☐ Payroll Maintenance: Quarterly  
☐ Payroll Maintenance: Basic Self Service Package

### Select Add-On Services: Select Multiple as desired

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> 1094/1095-C Processing & Filing   | <input type="checkbox"/> Pay card              | <input type="checkbox"/> Time Entry/Attendance Module            |
| <input type="checkbox"/> 1099 Processing & Filing          | <input type="checkbox"/> Payroll Funding       | <input type="checkbox"/> Time Entry/Attendance/Scheduling Module |
| <input type="checkbox"/> ACA Enhanced Tracking & Reporting | <input type="checkbox"/> Payroll Processing    | <input type="checkbox"/> Unemployment Administration             |
| <input type="checkbox"/> ACH processing                    | <input type="checkbox"/> Tax filing: Federal   | <input type="checkbox"/> W2/W3 Processing & Filing               |
| <input type="checkbox"/> Benefit Administration            | <input type="checkbox"/> Tax Filing: State     | <input type="checkbox"/> WC Insurance                            |
| <input type="checkbox"/> Benefit Payments Only             | <input type="checkbox"/> Tax Filing: Local     | <input type="checkbox"/> WOTC Administration                     |
| <input type="checkbox"/> Garnishment Administration        | <input type="checkbox"/> Tax Payments: Federal |  |
| <input type="checkbox"/> Garnishment Payments Only         | <input type="checkbox"/> Tax Payments: State   |  |
|  | <input type="checkbox"/> Tax Payments: Local   |  |

# MVP Bronze Plans for the staffing industry

- Essential StaffCARE launching fully insured bronze plan
- Nat'I/Staffing Benefits also offering bronze plan with 3 year rate guarantee, Self Insured w/ Trust



- fully insured
- major medical plan with unlimited in-patient hospitalization benefits
- includes all ACA-mandated benefits
- minimum employee participation requirements



## Minimum Value Plan (MVP) – Bronze Schedule of Benefits

	In Network	Out of Network
<b>Coinsurance</b>	80%	60%
<b>Deductible</b>	\$0.00	\$3,500/\$5,000
<b>Out-of-Pocket Max</b>	Individual: \$6,350 Family: \$12,700	
<b>Emergency Room</b>	\$500 Copay / 80%	
<b>Primary Care Office Visit</b>	\$15 Copay / 100%	
<b>Specialist Office Visit</b>	\$25 Copay / 100%	
<b>Imaging-PET, MRI, CA</b>	\$400 Copay / 80%	
<b>Laboratory Outpatient</b>	\$50 Copay / 80%	
<b>X-Rays/Diagnostic Imaging</b>	\$50 Copay	
<b>Rx: Generic/Brand Formulary – 6 Tier</b>	<b>Tier 1:</b> Low Cost Generic: \$4 <b>Tier 2:</b> Generics – Non-Specialty: 10% <b>Tier 3:</b> Preferred Brand: 20% <b>Tier 4:</b> Non=Preferred Brand: 40% <b>Tier 5:</b> Specialty – Generic & Preferred) 10% with max of \$150 <b>Tier 6:</b> Specialty – Non-Preferred: 20% with max of \$250	
<b>Urgent Care Centers</b>	\$50 Copay / 100%	
<b>Hospital Inpatient</b>	\$500 Copay / 80%	
<b>Hospital Outpatient</b>	\$500 Copay / 80%	
<b>Preventive - MEC</b>	100%	



**Coming November 2015:  
Time, Scheduling & Attendance module**

Made solely for Staffing



Coming in 2016:

Payroll in  
the Cloud



Avionté is rolling out the red carpet for you at this year's  
6<sup>th</sup> Annual Client Connection Forum!  
August 4-6 at the Marriott City Center in Minneapolis

**REGISTER TODAY!**

Questions? [CCF2015@avionte.com](mailto:CCF2015@avionte.com)

# Resources

Avionté Assisted Payroll Services: [laura@avionte.com](mailto:laura@avionte.com) or your team email

ACA Information: [www.irs.gov](http://www.irs.gov)

ACA MVP Benefit plan: [elarue@employeebens.com](mailto:elarue@employeebens.com) or call Eric LaRue- 678.358.6391

Definition of control group: <http://www.irs.gov/pub/irs-tege/epchd704.pdf>

Forms:

[www.irs.gov/Affordable-Care-Act/Employers/Information-Reporting-by-Applicable-Large-Employers](http://www.irs.gov/Affordable-Care-Act/Employers/Information-Reporting-by-Applicable-Large-Employers)

[www.ajg.com/knowledge-center/healthcare-reform/employer-resources](http://www.ajg.com/knowledge-center/healthcare-reform/employer-resources)

1095 C instructions:

<http://www.irs.gov/pub/irs-pdf/i109495c.pdf>

Excise tax calculator: [http://www.the-alliance.org/health\\_policy\\_tools/excise\\_tax\\_calculator.html](http://www.the-alliance.org/health_policy_tools/excise_tax_calculator.html)

Information about charging higher fees for enrolled employees:

<https://americanstaffing.net/posts/2015/03/25/employee-enrollment-data-could-privacy-issues/>

Client Connection Registration:

<http://events.r20.constantcontact.com/register/event?llr=olcqsbcab&oeidk=a07easppgxf53565889>

Nepal Relief Fund:

<https://www.indiegogo.com/projects/avionte-hope-foundation-nepal-fundraising#pledges>

