

Forms 1095-C Line 14 and Line 16 Coding Guide

This guide lists each of the codes for Forms 1095-C Line 14 and Line 16.



The illustrations in Table 1 and Table 2 are for reference only. Thoroughly read the IRS Code Descriptions to determine if a code applies.

Table 1 - Forms 1095-C Line 14 Codes










Code	IRS Code Description	Employee	Spouse	Dependents
1A	<p>Minimum essential coverage providing minimum value offered to full-time employee with Employee Required Contribution equal to or less than 9.5% (as adjusted) of mainland single federal poverty line and at least minimum essential coverage offered to spouse and dependent(s).</p> <p>Because it is difficult for employers to qualify to use the Qualifying Offer Method and use of Code 1A is not required by the IRS, and because penalties are avoided by using Codes 1E and 2G (or 2C for employees who are enrolled in coverage), ADP does not support the use of Code 1A by its clients. Rather, it will complete lines 14 through 16 using Codes 1E and 2G (or 2C).</p>	 <ul style="list-style-type: none"> ✓ MEC ✓ MV ✓ FPL Affordable 	 <ul style="list-style-type: none"> ✓ MEC 	 <ul style="list-style-type: none"> ✓ MEC
1B	<p>Minimum essential coverage providing minimum value offered to employee only.</p>	 <ul style="list-style-type: none"> ✓ MEC ✓ MV 	 <ul style="list-style-type: none"> ✗ MEC 	 <ul style="list-style-type: none"> ✗ MEC
1C	<p>Minimum essential coverage providing minimum value offered to employee and at least minimum essential coverage offered to dependent(s) (not spouse).</p>	 <ul style="list-style-type: none"> ✓ MEC ✓ MV 	 <ul style="list-style-type: none"> ✗ MEC 	 <ul style="list-style-type: none"> ✓ MEC

Table 1 - Forms 1095-C Line 14 Codes (Continued)











Code	IRS Code Description	Employee	Spouse	Dependents
1D	Minimum essential coverage providing minimum value offered to employee and at least minimum essential coverage offered to spouse (not dependent(s)). Do not use code 1D if the coverage for the spouse was offered conditionally. Instead, use code 1J.	 <input checked="" type="checkbox"/> MEC <input checked="" type="checkbox"/> MV	 <input checked="" type="checkbox"/> MEC	 <input checked="" type="checkbox"/> MEC
1E	Minimum essential coverage providing minimum value offered to employee and at least minimum essential coverage offered to dependent(s) and spouse. Do not use code 1E if the coverage for the spouse was offered conditionally. Instead, use code 1K.	 <input checked="" type="checkbox"/> MEC <input checked="" type="checkbox"/> MV	 <input checked="" type="checkbox"/> MEC	 <input checked="" type="checkbox"/> MEC
1F	Minimum essential coverage NOT providing minimum value offered to employee; employee and spouse or dependent(s); or employee, spouse, and dependents	 <input checked="" type="checkbox"/> MEC <input checked="" type="checkbox"/> MV	 <input checked="" type="checkbox"/> MEC <input checked="" type="checkbox"/> MV	 <input checked="" type="checkbox"/> MEC <input checked="" type="checkbox"/> MV
1G	<p>Offer of coverage for at least one month of the calendar year to an individual who was not an employee for any month of the calendar year or to an employee who was not a full-time employee for any month of the calendar year (which may include one or more months in which the individual was not an employee) and who enrolled in self-insured coverage for one or more months of the calendar year.</p> <p>Note. Code 1G applies for the entire year or not at all. Therefore, if code 1G applies, an ALE Member must enter code 1G on line 14 in the "All 12 Months" column or in each separate monthly box (for all 12 months).</p>	 For All 12 Months <input checked="" type="checkbox"/> ACA PT Or <input checked="" type="checkbox"/> Non-Employee For Some or All Months of the Year <input checked="" type="checkbox"/> Enrolled in self insured coverage		

Table 1 - Forms 1095-C Line 14 Codes (Continued)









Code	IRS Code Description	Employee	Spouse	Dependents
1H	No offer of coverage (employee not offered any health coverage or employee offered coverage that is not minimum essential coverage, which may include one or more months in which the individual was not an employee).	 <input checked="" type="checkbox"/> Offered or <input checked="" type="checkbox"/> MEC		
1I	Reserved for future use.			
1J	Minimum essential coverage providing minimum value offered to employee and at least minimum essential coverage conditionally offered to spouse; minimum essential coverage not offered to dependent(s).	 <input checked="" type="checkbox"/> MEC <input checked="" type="checkbox"/> MV	 <input checked="" type="checkbox"/> MEC (conditional)	 <input checked="" type="checkbox"/> MEC
1K	Minimum essential coverage providing minimum value offered to employee; at least minimum essential coverage offered to dependents; and at least minimum essential coverage conditionally offered to spouse.	 <input checked="" type="checkbox"/> MEC <input checked="" type="checkbox"/> MV	 <input checked="" type="checkbox"/> MEC (conditional)	 <input checked="" type="checkbox"/> MEC
1L	Individual coverage HRA offered to employee only with affordability determined by using employee's primary residence location ZIP code.	 <input checked="" type="checkbox"/> MEC <input checked="" type="checkbox"/> Offered individual coverage HRA <input checked="" type="checkbox"/> Affordability determined using primary residence ZIP code		

Table 1 - Forms 1095-C Line 14 Codes (Continued)







Code	IRS Code Description	Employee	Spouse	Dependents
1M	Individual coverage HRA offered to employee and dependent(s) (not spouse) with affordability determined by using employee's primary residence location ZIP code.	 <input checked="" type="checkbox"/> MEC <input type="checkbox"/> Offered individual coverage HRA <input type="checkbox"/> Affordability determined using primary residence ZIP code		 <input checked="" type="checkbox"/> MEC <input type="checkbox"/> Offered individual coverage HRA
1N	Individual coverage HRA offered to employee, spouse, and dependent(s) with affordability determined by using employee's primary residence location ZIP code.	 <input checked="" type="checkbox"/> MEC <input type="checkbox"/> Offered individual coverage HRA <input type="checkbox"/> Affordability determined using primary residence ZIP code	 <input checked="" type="checkbox"/> MEC <input type="checkbox"/> Offered individual coverage HRA	 <input checked="" type="checkbox"/> MEC <input type="checkbox"/> Offered individual coverage HRA
1O	Individual coverage HRA offered to employee only using the employee's primary employment site ZIP code affordability safe harbor.	 <input checked="" type="checkbox"/> MEC <input type="checkbox"/> Offered individual coverage HRA <input type="checkbox"/> Affordability determined using primary employment ZIP code of employee		

Table 1 - Forms 1095-C Line 14 Codes (Continued)










Code	IRS Code Description	Employee	Spouse	Dependents
1P	Individual coverage HRA offered to employee and dependent(s) (not spouse) using the employee's primary employment site ZIP code affordability safe harbor.	 <input checked="" type="checkbox"/> MEC <input type="checkbox"/> Offered individual coverage HRA <input type="checkbox"/> Affordability determined using primary employment ZIP code of employee		 <input checked="" type="checkbox"/> MEC <input type="checkbox"/> Offered individual coverage HRA
1Q	Individual coverage HRA offered to employee, spouse, and dependent(s) using employee's primary employment site ZIP code affordability safe harbor.	 <input checked="" type="checkbox"/> MEC <input type="checkbox"/> Offered individual coverage HRA <input type="checkbox"/> Affordability determined using primary employment ZIP code of employee	 <input checked="" type="checkbox"/> MEC <input type="checkbox"/> Offered individual coverage HRA	 <input checked="" type="checkbox"/> MEC <input type="checkbox"/> Offered individual coverage HRA
1R	Individual coverage HRA that is NOT affordable offered to employee; employee and spouse, or dependent(s); or employee, spouse and dependents.	 <input checked="" type="checkbox"/> MEC <input type="checkbox"/> Offered individual coverage HRA <input type="checkbox"/> Not Affordable	 <input checked="" type="checkbox"/> MEC <input type="checkbox"/> Offered individual coverage HRA <input type="checkbox"/> Not Affordable	 <input checked="" type="checkbox"/> MEC <input type="checkbox"/> Offered individual coverage HRA <input type="checkbox"/> Not Affordable
1S	Individual coverage HRA offered to an individual who was not a full-time employee.	 For All 12 Months <input checked="" type="checkbox"/> ACA PT Or <input checked="" type="checkbox"/> Non-Employee <input checked="" type="checkbox"/> MEC <input type="checkbox"/> Offered individual coverage HRA		

Table 1 - Forms 1095-C Line 14 Codes (Continued)





Code	IRS Code Description	Employee	Spouse	Dependents
1T	Individual coverage HRA offered to employee and spouse (no dependents) with affordability determined using employee's primary residence location ZIP code.	 <ul style="list-style-type: none"> ✓ MEC Offered individual coverage HRA Affordability determined using primary residence ZIP code 	 <ul style="list-style-type: none"> ✓ MEC Offered individual coverage HRA 	
1U	Individual coverage HRA offered to employee and spouse (no dependents) using employee's primary employment site ZIP code affordability safe harbor.	 <ul style="list-style-type: none"> ✓ MEC Offered individual coverage HRA Affordability determined using primary employment ZIP code of employee 	 <ul style="list-style-type: none"> ✓ MEC Offered individual coverage HRA 	
1V to 1Z	Reserved for future use.			

Table 2 - Forms 1095-C Line 16 Codes


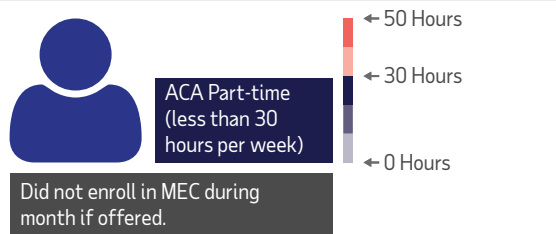
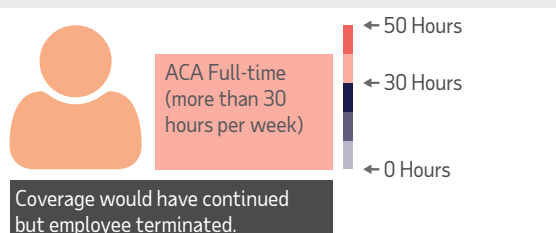

Code	IRS Code Description	
2A	<p>Employee not employed during the month. Enter code 2A if the employee was not employed on any day of the calendar month. Do not use code 2A for a month if the individual was an employee of the ALE Member on any day of the calendar month. Do not use code 2A for the month during which an employee terminates employment with the ALE Member</p>	 <p>Not employed for entire month.</p>
2B	<p>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.</p> <p>Enter code 2B also if the employee is a full-time employee for the month and whose offer of coverage (or coverage if the employee was enrolled) ended before the last day of the month solely because the employee terminated employment during the month (so that the offer of coverage or coverage would have continued if the employee had not terminated employment during the month).</p>	 
2C	<p>Employee enrolled in health coverage offered. Enter code 2C for any month in which the employee enrolled for each day of the month in health coverage offered by the ALE Member, regardless of whether any other code in Code Series 2 might also apply (for example, the code for a section 4980H affordability safe harbor) except as provided below. Do not enter code 2C on line 16 for any month in which the multiemployer interim rule relief applies (enter code 2E). Do not enter code 2C on line 16 if code 1G is entered on line 14. Do not enter code 2C on line 16 for any month in which a terminated employee is enrolled in COBRA continuation coverage or other post-employment coverage (enter code 2A). Do not enter code 2C on line 16 for any month in which the employee enrolled in coverage that was not minimum essential coverage.</p>	 <p>✓ MEC</p> <p>Employee enrolled in offered health coverage for each day of a month.</p>

Table 2 - Forms 1095-C Line 16 Codes (Continued)

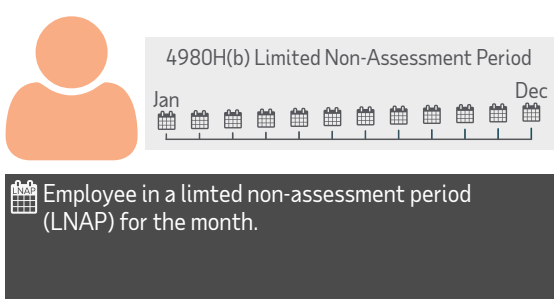
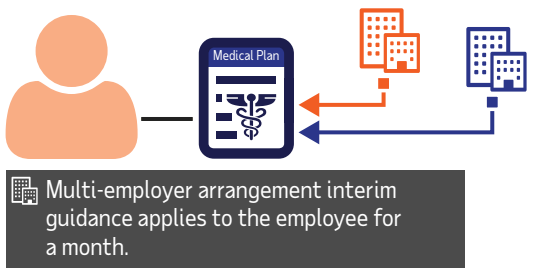
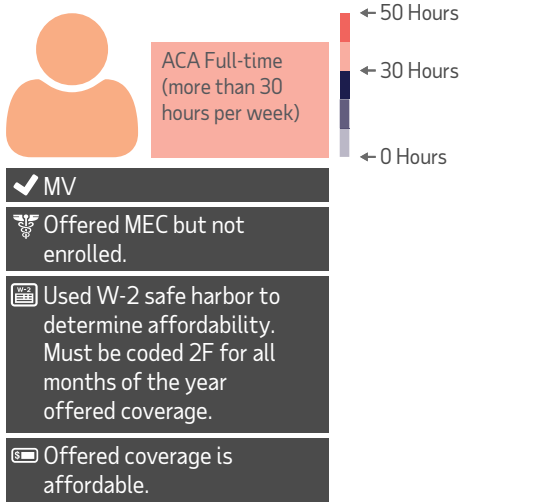
Code	IRS Code Description	
<p>2D</p>	<p>Employee in a section 4980H(b) Limited Non-Assessment Period. Enter code 2D for any month during which an employee is in a section 4980H(b) Limited Non-Assessment Period. If an employee is in an initial measurement period, enter code 2D (employee in a section 4980H(b) Limited Non-Assessment Period) for the month, and not code 2B (employee not a full-time employee). For an employee in a section 4980H(b) Limited Non-Assessment Period for whom the ALE Member is also eligible for the multiemployer interim rule relief for the month, enter code 2E (multiemployer interim rule relief) and not code 2D (employee in a section 4980H(b) Limited Non-Assessment Period).</p>	
<p>2E</p>	<p>Multiemployer interim rule relief. Enter code 2E for any month for which the multiemployer arrangement interim guidance applies for that employee, regardless of whether any other code in Code Series 2 (including code 2C) might also apply. This relief is described under Offer of Health Coverage in the Definitions section of these instructions.</p> <p>https://www.irs.gov/pub/irs-pdf/i109495c.pdf</p> <p>Note. Although ALE Members may use the section 4980H affordability safe harbors to determine affordability for purposes of the multiemployer arrangement interim guidance, an ALE Member eligible for the relief provided in the multiemployer arrangement interim guidance for a month for an employee should enter code 2E (multiemployer interim rule relief), and not code 2F, 2G, or 2H (codes for section 4980H affordability safe harbors).</p>	
<p>2F</p>	<p>Section 4980H affordability Form W-2 safe harbor. Enter code 2F if the ALE Member used the section 4980H Form W-2 safe harbor to determine affordability for purposes of section 4980H(b) for this employee for the year. If an ALE Member uses this safe harbor for an employee, it must be used for all months of the calendar year for which the employee is offered health coverage.</p>	

Table 2 - Forms 1095-C Line 16 Codes (Continued)

Code	IRS Code Description	
2G	Section 4980H affordability federal poverty line safe harbor. Enter code 2G if the ALE Member used the section 4980H federal poverty line safe harbor to determine affordability for purposes of section 4980H(b) for this employee for any month(s).	
2H	Section 4980H affordability rate of pay safe harbor. Enter code 2H if the ALE Member used the section 4980H rate of pay safe harbor to determine affordability for purposes of section 4980H(b) for this employee for any month(s).	
Blank	Employer did not meet minimum essential coverage threshold for the month/year.	
Blank	The coverage offered is not minimum value or did not meet W-2, Federal Poverty Line, or Rate of Pay Safe Harbor thresholds.	

Table 2 - Forms 1095-C Line 16 Codes (Continued)

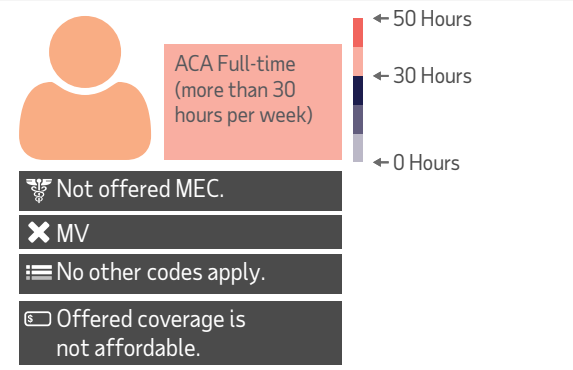
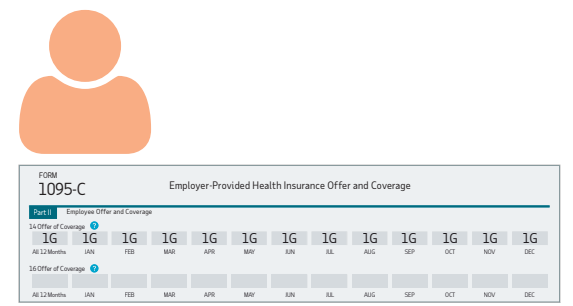
Code	IRS Code Description	
Blank	Employee was not offered affordable minimum value/minimum essential coverage, and no other code applies.	
Blank	Code 1G is used for Line 14 (see row "1G" on page 2).	
2I	Reserved	

Table 3 - Document History

Date	Change
September 30, 2019	Original document
September 17, 2020	Updated illustrations
November 10, 2020	Updated for codes in IRS 2020 <i>Instructions for Forms 1094-C and 1095-C</i>
February 10, 2021	Added Line 14 codes 1T and 1U

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