Reading your 1095C form

Your 1095-C form is provided to you as a provision of the Affordable Care Act. Form 1095-C includes information about the health insurance coverage offered to you by Hays County. For any questions you have about this form, please contact the Hays County Treasurer's Office at 512-393-2236. For more information about your tax return, or the Affordable Care Act, you can contact IRS at www.irs.gov or 1-800-829-1040.

Part I APPLICABLE LAR	ED OMB No. 1545-2251 2018 Form 1095-C												Employe								
Hays Coun 712 South	Plan Start Mo. (Enter 2-digit no.): 01	an Start 14 Offer of Coverage (enter couling in no.): (Enter digit no.): (Enter couling in structions)							rbor elief ode,	and	BOH Health										
San Marcos, Texas 78666 (512)393-2236					All 12 Months										C						
					Jan		\$														
	Feb		\$																		
Do not attach to your tax return. Keep for your records. Information about Form 1095-C and its seperate					Mar		S								_	For Priva					
instructio	Apr		\$	\$							Act an Paperwor										
EMPLOYEE'S name, address	May		\$	\$							Reduction										
JOE EMPLOYEE	June		\$									Act Notice									
123 WONDERFUL L	July		\$									see separate instructions.									
SAN MARCOS, TX 7	Aug		\$	\$																	
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identification number (EIN) number (S				E'S social security	Oct		S														
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Part III Covered Indi	ividua	Is If Em	ployer prov	ded self-insured coverage, che	eck the box and e	nter the info	rmation for e	ach in	dividu	al enr	olled	in co	verag	e, in	cludin	g the	emplo	yee.	X		
(a) Name of account individual(a) (b) CCN as about This								(d) (e)					Months of coverage				ige				
(a) Name of covered individual(s)				(b) SSN or other TIN	not ava		all 12 mos	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec		
17. JOE	G	EMP	LOYEE	000-00-0000			X														
18. MARY	В	WIFE	Ē	000-00-0000			х														
19.																					
20.																					

Form 1095-C, **Part II**, includes information about the coverage Hays County may have **offered** to you and to your dependent(s). NOTE: Hays County must report to IRS if health coverage was offered to you, **even if you declined health coverage**.

Column 14. The codes listed in Column 14 describe the coverage that Hays County offered to you and to your dependent(s), if any. Please note that a code will only be next to each month if a different situation occurred for different months. Otherwise, if your situation was the same all year, you will only see something next to "All 12 months" and nothing will be listed next to the individual months.

1A. You worked over 30 hours a week, (on average) for the months individually marked with 1A, or for all 12 months. Hays County has offered you and your dependent(s) health insurance coverage. You may have chosen not to take the coverage, but even if you did not take the coverage, 1A will be listed for months you were **offered** health insurance coverage. Note that code 2C indicates you accepted the health insurance coverage. Other codes may indicate the initial waiting period prior to coverage or an inactive status.

1G. You did NOT work for Hays County for the months individually marked with 1G, or for all 12 months. However, you were enrolled in a Hays County health plan for one or more months of the calendar year, either as a Hays County Retiree or Central Appraisal District employee.

1H. You did NOT work over 30 hours a week, (on average) for the months individually marked with 1H, or for all 12 months. You were NOT offered any health coverage through Hays County for the months marked with 1H, or for all 12 months.

Form 1095-C, **Part III** provides information to assist you in completing your income tax return. This section indicates that you and/or your dependent(s) were covered under a Hays County health insurance plan for some, or all months during the year. Part III reports the name, SSN and coverage information about each individual covered under the Hays County health plan and what months they were covered. Please note that an X will only be under each month in section (e) if a different situation occurred for different months. Otherwise, if your situation was the same all year, you will only see an X under (d) "Covered all 12 months" and nothing will be listed under the individual months in section (e).