

# 2025 ACA Year-End Maintenance Guide

480.302.6444  
[payrollexperts.com](https://payrollexperts.com)



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# Employee Information

My Team > Employee Information

ACA will look to certain information in the employee’s record.

## Benefit Profile

The Benefit Profile assigned to the employee will direct ACA to the appropriate plan when determining which plan should be used for ACA reporting.

Example: if you have three medical plans and the Benefit Profile assigned to one employee only has two listed, ACA will not consider the third plan at all when evaluating that employee. **Ensure every employee who is eligible for benefits has a Benefit Profile attached.**

▼ Benefit

Benefit

Benefit Plans - 45 Days

Effective Date \*

12/31/1900

+ Add

*Tip: An easy way to accomplish this step is to add the column labeled “Current Benefit Profile (Effective)” to your Employee Information Report.*

## Benefit Profile Effective Dates

This tells the system when the Benefit Profile should be applied to the employee. Be mindful of this date, because if it falls prior to the actual date that the employee was truly eligible for benefits, this may affect ACA reporting. **Ensure that every employee with an attached Benefit Profile reflects the correct effective date.**

Examples: Find out whether someone has a Benefit Profile assigned prior to their hire date; find out whether someone has a Benefit Profile aligned with the hire date but there is a 30-day waiting period.

*Tip: An easy way to accomplish this step is to add the column labeled “Benefit Profile (Effective Date From)” to your Employee Information Report.*

▼ Benefit Plans

View: [ System ]

2

Show current plans only

Columns (1)

Add New

|  | Plan Name         | Coverage Level | Deduction 1 Effective From | Deduction 1 Effective To | Coverage Effective From |  |
|--|-------------------|----------------|----------------------------|--------------------------|-------------------------|--|
|  |                   | 1a             |                            |                          |                         |  |
|  |                   | Waived         |                            |                          |                         |  |
|  | Aetna Summit 1750 | Employee Only  | 01/01/2020                 | 12/31/9999               | 01/01/2020              |  |
|  | Delta Dental      | Employee Only  | 01/01/2020                 | 01/01/2099               | 01/01/2020              |  |

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## ACA Profile

When ACA looks at the ACA Profile assigned to the employee, ACA can determine what to evaluate and how to report. Ensure that every employee who should be included in the Form 1094-C employee counts has an ACA Profile attached.

*Tip: An easy way to accomplish this step is to add the column labeled “Current ACA Profile (Effective)” to your Employee Information Report. Once on the employee’s profile, navigate to the ACA Timeline Overview widget and select Manage Employee’s ACA Timeline.*

The image shows two screenshots from a software interface. The top screenshot is titled "ACA Timeline Overview" and includes a link "Manage Employee's ACA Timeline". It displays a message "ACA Data Not Supported Prior To 01/01/2018" and shows "Last Calculated: 10/03/2021 03:59 am" and "Date Range: 04/01/2021 - 10/01/2021". Below this is a table with columns "ACA Profile", "ACA", "Effective Date", and a date "01/01/2012". The bottom screenshot is titled "ACA Profile" and shows a form with "ACA Profile" and "Effective Date" fields. The "ACA Profile" field contains the text "ACA" and has a magnifying glass icon. The "Effective Date" field contains "01/01/2012" and has a calendar icon. There is a "+ Add" button below the form.

## Employee Status Change History Widget

This widget stores all of the employee’s action dates (hired, terminated, and re-hired), and the system looks to this when determining which codes to use on Form 1095-C. If there are any questions regarding break in service calculations, please refer to this widget first.

**If the employee has any of the following, manual corrections will be needed:**

- Two consecutive re-hire dates without a termination date between the two
- Two consecutive termination dates without a re-hire date between the two
- A re-hire date without any corresponding termination date prior

If you notice a date missing for an employee, please add it here and then navigate to [Team > Benefits > ACA > Employee ACA Actions](#). Select that same employee and then select “Recalculate Status Change” from the ellipsis.

## Employee Benefit Plans

ACA looks here to see whether the employee is enrolled in coverage, or to see if a record exists that indicates the employee was offered coverage but waived enrollment. (Best practice suggestion: Always enter waive records to easily show that coverage was indeed offered, even though the employee declined enrollment.) **Ensure that Coverage Effective From and Coverage Effective To dates are reflecting accurately for employees.**

*Tip: An easy way to accomplish this step is to use the report found at [Team > Benefits > Benefit Plans](#)*

Employee Benefit Plan

Benefit Plan Effective From

01/01/2015

Benefit Plan Effective To

12/31/9999

Deduction #1 Effective From \*

01/01/2015

Deduction #1 Effective To

12/31/9999

Coverage Effective From \*

01/01/2015

Coverage Effective To

12/31/9999

Earnings, Deductions & Coverage Amounts

Employee Earning/Deduction 1

Amount

\$62.50

Frequency

Every Scheduled Pay

☒ Block Last (3rd or 5th)

Employer Earning/Deduction 1

Amount

\$75.00

## ACA Timeline

The ACA Timeline is a month-by-month account for each employee that shows where they stand in the current lookback period, identifies active compliance alerts, shows the user what will be reported in Lines 14-16 in Part II of Form 1095-C, etc.

**Ensure hours for variable employees are inputted on a month-by-month basis for proper calculation of average hours worked per month.**

*Tip: An easy way to accomplish this step is to use the “ACA Data Detailed” report.*

## Dependents/Beneficiaries Enrollment

\*OPTIONAL STEP — can be skipped if no plans are self-insured\*

If the employee is enrolled in a self-insured medical plan, Part III of Form 1095-C must be filled out to identify who was enrolled and for which months. This identification includes the employee, and anyone included on their plan.

**If you have a self-insured healthcare plan, ensure that the Effective From and Effective To dates are reflecting accurately for anyone enrolled in the employee’s plan in 2025.**

*Tip: An easy way to accomplish this step is to use the report found at [Team > Benefits > Dependents](#)*

Dependents/Beneficiaries

Identify Spouse

Yes, Required

Identify Children

No

Identify Beneficiaries

No

Identify Contingent Beneficiaries

No

Spouse

< Page 1 of 1 > 1 - 1 of 1 Rows

| Name            | Relationship | Birth Date | Effective From | Effective To | Actions |
|-----------------|--------------|------------|----------------|--------------|---------|
| Cornelius Fudge | Spouse       | 07/01/1955 | 08/01/2015     | 12/31/9999   | ...     |

## Dependents/Beneficiaries Demographics

\*OPTIONAL STEP — can be skipped if no plans are self-insured\*

Part III of Form 1095-C requires a name as well as either a Social Security number (preferred) or date of birth (only to be populated if the SSN is not available) for every individual enrolled in the employee’s plan.

**If you have a self-insured healthcare plan, ensure that the Social Security number and/or date of birth is reflecting accurately for anyone enrolled in the employee’s plan in 2025.**

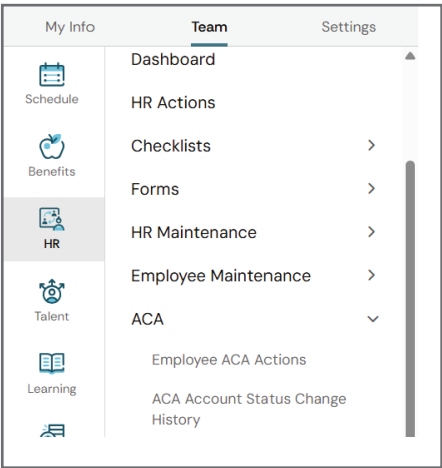
*Tip: An easy way to accomplish this step is to use the report found at [Team > Benefits > Dependents](#) and add the Dependent Birthday and Dependent SS# columns.*

# Reporting That Can Assist in the Auditing Process

Team > Benefits > ACA

Each of these system reports can be accessed depending on the security profile assigned to the user.

If you cannot see one of these reports, please contact your system administrator to verify your access.



## Employee ACA Actions

This report also gives you the opportunity to mass recalculate, clear an ACA Timeline if needed, and import historic data. The W-2 Safe Harbor process can be run from this location as well.

HR > ACA > Employee ACA Actions

← Employee ACA Actions

Recalculate Recalculate Combined ACA Timeline Clear

View: [ System ]

|                                     | Employee Id | Badge | Username | First Name | Last Name | Employee EIN      | In Payroll | Locked |     |
|-------------------------------------|-------------|-------|----------|------------|-----------|-------------------|------------|--------|-----|
| <input checked="" type="checkbox"/> | CT003       |       | abaker   | Allen      | Baker     | Organization Inc. | Yes        | No     | ... |

## ACA Data Detailed

This report will give you a month-by-month report of data from the ACA Timeline.

HR > ACA > ACA Data Detailed

← ACA Data Detailed

Active EE ACA Detailed Data + Charts 3 Dates: Last Month Columns (2)

| Employee Id | Username | First Name  | Last Name   | Employee EIN | Employee Status | Month | Year |
|-------------|----------|-------------|-------------|--------------|-----------------|-------|------|
| starts with | =        | starts with | starts with | starts with  | =               | =     | =    |
|             |          |             |             | Org          | Active          |       |      |

## ACA Data Summary

This report will give you a month-by-month summary of employees and indicates any compliance alerts as well as the employees who will need to be tested in the following month to determine ACA status.

HR > ACA > ACA Data Summary

← ACA Data Summary

View: [ System ] 1 Dates: Last Month

Month

Year

Hours

ACA Status FT

ACA Status PT

Affordable Plan Offered

Minimum Value Plan Offered

Compliance Alert

|           |      |     |   |    |   |   |
|-----------|------|-----|---|----|---|---|
| September | 2025 | 460 | 3 | 26 | 1 | 0 |
|-----------|------|-----|---|----|---|---|

## Form 1094-C Employee Count

This report will give you a month-by-month count that will appear in Part III of Form 1094-C.

HR > ACA > Forms > Form 1094-C Employee Count

← Form 1094-C Employee Count

View: [ System ] 1 Dates: Last Month

Month

Year

Form 1094-C Part III(c)

Form 1094-C Part III(b)

|           |      |    |   |
|-----------|------|----|---|
| September | 2025 | 28 | 3 |
|-----------|------|----|---|

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## ACA Account Status Change History

This report will automatically group by employee and will show you the dates as they appear in each employee’s ACA Employees Status History widget

HR > ACA > ACA Account Status Change History

← ACA Account Status Change History

View: [ System ] 1 Time Changed: Last Year

Grouped By

Employee EIN

New Status

Old Status

Action Type

Created

Effective Date

Is /

|                               |        |            |         |                   |            |  |  |
|-------------------------------|--------|------------|---------|-------------------|------------|--|--|
| Employee                      |        |            |         |                   |            |  |  |
| 0012, jJones, Jennifer, Jones |        |            |         |                   |            |  |  |
| Organization Inc.             | Active | Terminated | Rehired | 05/22/2024 02:54p | 05/22/2024 |  |  |



# Line 14 | Offer of Coverage Codes

What medical benefit did you offer the employee?

| Code | Description                                                                                                                                                                                                                                                                                         |
|------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1A   | Qualifying Offer: 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). |
| 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)). Do not use 1D if the coverage for the spouse was offered conditionally. Instead, use code 1J.                                                  |
| 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 1K.                                                    |
| 1F   | Minimum essential coverage NOT providing minimum value offered to employee; employee and spouse or dependent(s); or employee, spouse and dependent(s).                                                                                                                                              |

# Line 14 | Offer of Coverage Codes

What medical benefit did you offer the employee?

| Code      | Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1G</b> | <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 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 the line 14 in the "All 12 Months" column or in each separate monthly box (for all 12 months).</p> |
| <b>1H</b> | 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).                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>1I</b> | Reserved for future use.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>1J</b> | Minimum essential coverage provides minimum value offered to employees and at least minimum essential coverage conditionally offered to a spouse, but not offered to dependent(s).                                                                                                                                                                                                                                                                                                                                                                                                                                                             |

# Line 14 | Offer of Coverage Codes

What medical benefit did you offer the employee?

| Code | Description                                                                                                                                                                |
|------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1K   | Minimum essential coverage providing minimum value offered to employees; at least minimum essential coverage offered to dependent(s), and conditionally offered to spouse. |
| 1L   | Individual coverage HRA offered to employee only with affordability determined by using employee's primary residence location ZIP code.                                    |
| 1M   | Individual coverage HRA offered to employee and dependent(s) (not spouse) with affordability determined by using employee's primary residence location ZIP code.           |
| 1N   | Individual coverage HRA offered to employee, spouse, and dependents(s) with affordability determined by using employee's primary residence location ZIP code.              |
| 1O   | Individual coverage HRA offered to employees only using the employee's primary employment site ZIP code affordability safe harbor.                                         |
| 1P   | Individual coverage HRA offered to employee and dependents(s) (not spouse) using the employee's primary employment site ZIP code affordability safe harbor.                |

# Line 14 | Offer of Coverage Codes

What medical benefit did you offer the employee?

| Code | Description                                                                                                                                        |
|------|----------------------------------------------------------------------------------------------------------------------------------------------------|
| 1Q   | Individual coverage HRA offered to employee, spouse, and dependent(s) using employee’s primary employment site ZIP code affordability safe harbor. |
| 1R   | Individual coverage HRA that is NOT affordable offered to employee; employee and spouse, or dependent(s); or employee, spouse and dependents.      |
| 1S   | Individual coverage HRA offered to an individual who was not a full-time employee.                                                                 |
| 1T   | Reserved for future use.                                                                                                                           |
| 1U   | Reserved for future use.                                                                                                                           |
| 1V   | Reserved for future use.                                                                                                                           |
| 1W   | Reserved for future use.                                                                                                                           |
| 1X   | Reserved for future use.                                                                                                                           |
| 1Y   | Reserved for future use.                                                                                                                           |
| 1Z   | Reserved for future use.                                                                                                                           |

# Line 16 | Safe Harbor Codes

What did the employee do when the offer was made?

OR

Why was the offer not made?

| Code      | Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>2A</b> | <p>Employee not employed any date of that month.</p> <p>Enter code 2A if the employee was not employed on any day of the calendar month. Do not use this code if they were employed on any day in the month. For example, if the employee only worked a partial month (due to this being the month they were hired or terminated) do NOT use this code. This code will most commonly be used for new hires and employees terminated during the calendar year.</p>                                                                   |
| <b>2B</b> | <p>Employee part-time or used for termination month if employee is not offered coverage for the entire month.</p> <p>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. Enter code 2B 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.</p> |
| <b>2C</b> | <p>Enter code 2C if the employee was enrolled in the employer's plan every day of this calendar month. Whether the spouse or dependents are enrolled has no effect on this code. This code will be the most common and, if this code applies to the employee, then it should supersede any other code that may also apply for this line.</p>                                                                                                                                                                                        |

# Line 16 | Safe Harbor Codes

What did the employee do when the offer was made?

OR

Why was the offer not made?

| Code      | Description                                                                                                                                                                                                                                                                                                                                                                              |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>2D</b> | Employee is in waiting period or initial measurement period. Enter code 2D for any month during which an employee is in a Limited Non-Assessment Period, such as a waiting period or measurement period.                                                                                                                                                                                 |
| <b>2E</b> | Multi-employer plan interim relief (used for union members). Enter code 2E for any month for which the multi-employer interim guidance applies for that employee.                                                                                                                                                                                                                        |
| <b>2F</b> | 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. |
| <b>2G</b> | Employer using the Federal Poverty Line (FPL) Safe Harbor. The employer used the Federal Poverty Level Affordability Safe Harbor for this employee for any month(s). This code is most commonly used when an eligible employee waives coverage and the employer uses the FPL Safe Harbor. This code is generally used in conjunction with Code 1A in Line 14.                            |
| <b>2H</b> | Employer using the Rate of Pay Safe Harbor. The employer used the Rate of Pay Affordability Safe Harbor for this employee for any month(s). This code is most commonly used when an eligible employee waives coverage and the employer uses the Rate of Pay Affordability Safe Harbor.                                                                                                   |

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