



W-2 Reporting Bulletin

The Affordable Care Act requires employers to report the cost of coverage under an employer-sponsored group health plan on the employees' Form W-2. *[If you provide additional benefits under any other employer-sponsored group health plan, you need to make an independent determination of your reporting obligations for that coverage.]*

Currently, if your school district filed more than 250 Form W-2(s) in the prior calendar year, you are required to report the cost of health coverage on the Form W-2(s). The FAQs follow guidance from the IRS. At the end of this document, there is a link to the IRS's website. There is also a link to a chart outlining the reportable coverage type(s). Please remember you are reporting for the calendar year, which may include 6 months of one year's premium cost and 6 months of the following year's premium cost.

For example, if you filed more than 250 W-2s in 2016, you must report the cost of the health coverage on the employees' 2017 W-2, which is generally issued in early 2018. You would report the aggregate cost of the health coverage for the last six months of FY 17 premium and first 6 months of the FY 18 premium.

Note that the guidance has remained the same since the requirements first became effective for groups who issued 250 or more Forms W-2 in the prior year. The IRS has not yet issued guidance for groups who do not meet this threshold.

Laura and Mark

1. Does the cost of an employee's health care benefits shown on the Form W-2 mean that the benefits are taxable to the employee?

No. There is nothing about the reporting requirement that causes or will cause excludable employer-provided health coverage to become taxable. The purpose of the reporting requirement is to provide employees useful and comparable consumer information on the cost of their health care coverage.

2. What type(s) of coverage must be reported? [See quick reference tool on the VEHI website]:

Unless an employer qualifies for transitional relief), in addition to group health plan coverage, the following must be reported:

Prescription drug plans, if any, offered in addition to VEHI health plans;

Healthcare FSA(s) (employer contributions only, if any); and

Specified disease or illness (for example, cancer-only policies) or hospital indemnity or other fixed indemnity insurance (employer contributions and employee pre-tax contributions).

3. What type(s) of coverage are not reported?

Your reporting should NOT include:

Long Term Care, accident, or disability income benefits;

Specified disease or illness (for example, cancer-only policies) or hospital indemnity or other fixed indemnity insurance where the full premium is paid by the employee on an after-tax basis;

HSA contributions of the employee or the employee's spouse; and

Employee salary reduction contributions to a Health FSA.

Heads Up: Employer contributions (and any employee contributions made under a cafeteria plan) to an HSA are included in Box 12, using Code W, but should not be included in the amount reported for the cost of employer-sponsored coverage in Box 12 using Code DD.

4. What amount should the employer report on the Form W-2 for health coverage? The amount the employer paid? The amount the employee paid? Or both?

In general, the amount reported should include both the portion paid by the employer and the portion paid by the employee.

5. Where on the Form W-2 should the employer report the cost of these health care benefits?

The cost of these health care benefits will be reported in box 12 of the Form W-2, with Code DD, to identify the amount.

6. How do you calculate the amount of cost to report on employees' Form W-2(s)?

VEHI members should use the rates associated with the plan and tier (single, two-person or family coverage) selected by each employee.

Heads up: Treasury has emphasized that the rates must be calculated properly under the COBRA rules for self-funded plans. For reporting purposes, the additional 2 percent administrative fee is not included.

7. What do we do when an employee terminates employment in the middle of the year?

You may apply any reasonable method of reporting the cost of coverage for an employee who terminated employment during the calendar year, provided that the method is used consistently for all employees receiving coverage who terminate employment during the year. For example, calculating the total cost per month and then multiplying it by the number of covered months is a reasonable method.

Under the transition rules that apply until future guidance, if the terminated employee requests a W-2 before the end of the calendar year, the employer is not required to report any amount of health benefits on that W-2.

8. If there is a change in election due to a status change, should this be taken into account?

Yes. If there are changes to an employee's elections during the calendar year, such as a status change from single to family coverage, that change in cost should be reflected.

9. Do dependents or beneficiaries receive the reportable cost on their W-2?

No, the reportable cost is included on the W-2 of the employee electing the coverage (primary covered person). Even if that employee's covered dependents include another employee also eligible for coverage as an employee (for example, a spouse or adult dependent child), the full cost is reported on the W-2 of the employee electing the coverage.

10. Are retirees or other former employees (for example, COBRA beneficiaries) who received no compensation during the calendar year entitled to a Form W-2 including the cost of coverage?

No. Unless the employer is required to issue a W-2 to an individual, such as a former employee, the employer is not required to report the cost of coverage provided to the individual.

11. What about changes in coverage reported by an employee that retroactively affect the cost of coverage? For example, what if an employee reports a new spouse after December 31 that increased the cost of December's coverage?

If an employee notifies you of a coverage change after the close of the calendar year that has a retroactive effect on his or her coverage for the prior year, you are not required to include it in the calculation of the aggregate reportable cost for that prior year. In addition, you are not required to furnish a Form W-2c if a Form W-2 has already been provided for a calendar year, for this type of notification (for example, if a Form W-2 is provided to employees on January 15,

and an employee notifies you of a retroactive change on January 20).

12. How do we count the cost of coverage when the final payroll falls in the next calendar year?

The IRS provides an employer with three options:

Include the cost as being provided during the reporting year (as though it occurred before December 31). Remember to exclude it in the next reporting year;

Include the cost as being provided during the next reporting year; or

Prorate the cost of coverage for the coverage between the two calendar years using any reasonable allocation method that relates to the number of days in the coverage period..

The same method must be used for all employees.

13. Is the total of the aggregate reportable costs attributable to an employer's employees required to be reported on Form W-3, Transmittal of Wage and Tax Statements?

No.

Detailed FAQ from the IRS on the W-2 reporting obligations:

<https://www.irs.gov/newsroom/employer-provided-health-coverage-informational-reporting-requirements-questions-and-answers>

Chart of Reportable Coverage Type(s):

<http://www.irs.gov/uac/Form-W-2-Reporting-of-Employer-Sponsored-Health-Coverage>