Overview
Employers must offer health insurance that is affordable and provides minimum value to 95% of their full-time employees and their children up to age 26, or be subject to penalties. This is known as the employer mandate. It applies to employers with 50* or more full-time employees, and/or full-time equivalents (FTE). Employees who work 30 or more hours per week are considered full-time.

The employer mandate and employer penalties
Employers subject to the employer mandate are required to offer coverage that provides “minimum value” and is “affordable,” or be subject to penalties. The chart below explains these requirements and the penalties that apply if they are not met.

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### Chart

<table>
<thead>
<tr>
<th>Do you offer coverage?</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Does the plan provide “minimum value”?</strong>&lt;br&gt;(60%+ of total allowed costs)</td>
<td>No</td>
</tr>
<tr>
<td><strong>Is the coverage affordable?</strong>&lt;br&gt;(≤9.66% of income in 2016, ≤ 9.69% in 2017)</td>
<td>Yes</td>
</tr>
<tr>
<td>No penalty</td>
<td>Yes</td>
</tr>
<tr>
<td>Lesser of:&lt;br&gt;$3,240 per full-time employee receiving subsidy or $2,160 per full-time employee (minus first 30)</td>
<td>No penalty</td>
</tr>
<tr>
<td>$2,160 per full-time employee (minus first 30) applies if one full-time employee receives federal premium subsidy for marketplace coverage.</td>
<td></td>
</tr>
</tbody>
</table>

* Before January 2016, employers with 50-99 were not required to offer coverage, and employers with 100 or more complied if they offered coverage to at least 70% of their full-time or FTE employees.
Frequently asked questions

How do I determine if my plan provides “minimum value”?

A plan provides “minimum value” if it pays at least 60% of the cost of covered services (considering deductibles, copays and coinsurance). The U.S. Department of Health & Human Services has developed a minimum value calculator that can be used to determine if a plan provides minimum value. The minimum value calculator is available at https://goo.gl/4lVFbe.

How is “affordable” coverage determined?

Coverage is considered “affordable” if employee contributions for employee-only coverage do not exceed a certain percentage of an employee’s household income (9.66% in 2016, 9.69% in 2017). Based on IRS safe harbors, coverage is affordable if the cost of self-only coverage is less than the indexed threshold of the following:

- Employee’s W-2 wages (reduced for any salary reductions under a 401(k) plan or cafeteria plan)
- Employee’s monthly wages (hourly rate x 130 hours per month)
- Federal Poverty Level for a single individual

In applying wellness incentives to the employee contributions used to determine affordability, assume that each employee earns all wellness incentives related to tobacco use, but no other wellness incentives.

What are the employer mandate requirements for plan years beginning in 2016?

Employers with 50 or more full-time and/or FTE employees must offer affordable/minimum value medical coverage to their full-time employees and their dependents to age 26, or may be subject to penalties. The amount of the penalty depends on whether or not the employer offers coverage to at least 95% of its full-time employees and their dependents. Employers who fail to offer coverage to at least 95% of full-time employees and dependents may be subject to a penalty of $2,160 per full-time employee minus the first 30. Employers who offer coverage may still be subject to a penalty if the coverage is not affordable or does not provide minimum value. This penalty is the lesser of either $3,240 per full-time employee receiving a federal subsidy for coverage purchased on an exchange or $2,160 per full-time employee minus the first 30.

Employers must treat all employees who average 30 hours a week as full-time employees.

Examples

Assume each employer has 1,000 full-time employees who work at least 30 hours per week.

- Employer 1 currently offers medical coverage to all 1,000 and their dependents. The company is considered to offer coverage since it offers coverage to more than 95% of its full-time employees and their dependents.

- Employer 2 currently offers medical coverage to 800 full-time employees and their dependents. The company will need to offer coverage to 150 more full-time employees and their dependents to meet the 95% requirement to be treated as offering coverage.

- Employer 3 has 500 full-time salaried employees who are offered coverage and 500 full-time hourly employees who are not offered coverage. The company will need to offer coverage to at least 450 hourly employees (and their dependents) to meet the 95% requirement to be treated as offering coverage.

- Employer 4 offers coverage to 950 full-time employees and their dependents. Only 600 of those employees actually enroll in coverage. The company is compliant no matter how many employees actually enroll in affordable coverage that offers minimum value.
**How are dependents defined?**

Dependents include children up to age 26, excluding stepchildren and foster children. At least one medical plan option must offer coverage for children through the end of the month in which they reach age 26. Spouses are not considered dependents in the legislation, so employers are not required to offer coverage to spouses.

**When were the penalties effective?**

The penalties were phased in beginning in 2015 based on employer size. As of January 1, 2016, the employer mandate is effective for all employers with 50 or more full-time and/or FTE employees.

**How will an employer know if a penalty is due?**

If an employee receives subsidized coverage, the employer will be notified by the Health Insurance Marketplace. The employer will then be provided an opportunity to respond and appeal if the employee was offered coverage that meets the minimum value and affordability standards. The employer will not be contacted by the IRS about penalties for any given year until after individual tax returns and employer information reports on coverage are due, i.e., after tax-filing and reporting dates in any given calendar year.

**How do penalties apply to companies with a common owner?**

Companies that have a common owner are combined for purposes of determining whether they are subject to the mandate. However, any penalties would be the responsibility of each individual company.

**How will the federal government know an employer is complying with the employer mandate?**

IRS Code 6056 requires all applicable large employers to file an annual report that ensures compliance with the employer mandate. The reporting will include information on all employees who were offered and accepted coverage, and the cost of that coverage on a month-by-month basis. More details on large employer reporting can be found on the Reporting Requirements Fact Sheet.

**Waiting period limitation**

Employers may not impose enrollment waiting periods that exceed 90 days for all plans, both grandfathered and non-grandfathered, beginning on or after January 1, 2014. Shorter waiting periods are allowed. Coverage must begin no later than the 91st day after the enrollment date. All calendar days, including weekends and holidays, are counted in determining the 90-day period.
Examples of employer penalties

The employer does not offer coverage to full-time employees

The penalty is $2,160 per full-time employee, excluding the first 30 employees. This example shows how the penalty would be calculated.

<table>
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<tr>
<th>EMPLOYER</th>
<th>TRIGGER</th>
<th>PENALTY</th>
</tr>
</thead>
<tbody>
<tr>
<td>500 full-time employees No coverage offered</td>
<td>One employee purchases coverage on the marketplace and is eligible for a federal premium subsidy</td>
<td>$2,160 per full-time employee, minus the first 30 employees&lt;br&gt;500 – 30 = 470 employees&lt;br&gt;470 x $2,160 = $1,015,200 penalty</td>
</tr>
</tbody>
</table>

The employer offers coverage that does not meet the minimum value and affordability requirements

The penalty is the lesser of the two results, as shown in this example.

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<td>1,200 full-time employees Employer offers coverage, but coverage is not affordable and/or doesn’t provide minimum value</td>
<td>The penalty is triggered if one employee purchases coverage on the marketplace and receives a federal premium subsidy&lt;br&gt;250 employees purchase coverage on the marketplace and are eligible for a subsidy</td>
<td>Lesser of $2,160 per full-time employee, minus the first 30 employees OR $3,240 per full-time employee receiving a federal premium subsidy&lt;br&gt;1,170 x $2,160 = $2,527,200 penalty&lt;br&gt;250 x $3,240 = $810,000 penalty (lesser penalty applies)</td>
</tr>
</tbody>
</table>

Determining how many full-time employees you have

The regulations allow various calculation methods for determining full-time equivalent status. Because these calculations can be complex, employers should consult with their legal counsel.

- **Full-time** employees work an average of 30 hours per week or 130 hours per calendar month, including vacation and paid leaves of absence.
- **Part-time** employees’ hours are used to determine the number of full-time equivalent employees for purposes of determining whether the employer mandate applies.
- **FTE** employees are determined by taking the number of hours worked in a month by part-time employees, or those working fewer than 30 hours per week, and dividing by 120.
Here are some considerations to help determine how part-time and seasonal employees equate to full-time and FTE employees.

- Only employees working in the United States are counted.
- Volunteer workers for government and tax-exempt entities, such as firefighters and emergency responders, are not considered full-time employees.
- Teachers and other education employees are considered full-time employees even if they don’t work full-time year-round.
- Seasonal employees who typically work six months or less are not considered full-time employees. This includes retail workers employed exclusively during holiday seasons.
- Schools with adjunct faculty may credit 2½ hours of service per week for each hour of teaching or classroom time.
- Hours worked by students in federal or state-sponsored work-study programs will not be counted in determining if they are full-time employees.