## **CARDINAL ACA Reconciliation Report Codes**

	Code	Status							
Box14	1A	Qualifying offer of coverage							
	1H	No offer of coverage							
Box 16	2A	Not employed during the month							
	2C	Enrolled in health coverage offered							
	2D	Waiting Period							
	-	Waived coverage							
Part III	Y/N	Months of coverage (yes / no)							
	-	Waived coverage							
	Safe I	Harbor Codes for Designated TLC Groups							
	1E	Minimum essential/value coverage offered							
	2F	Form W-2 wages safe harbor							
	2H	Rate of Pay safe harbor							

# **Sample 1:** Participant enrolled January – December.

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1A/2C											
Υ	Υ	Υ	Υ	Υ	Υ	Υ	Υ	Υ	Υ	Υ	Υ

### **Sample 2:** Participant is a new hire on March 10; waiting period March and enrolled April – December.

Jan	Feb	Mar	Apr	Мау	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1H/2A	1H/2A	1H/2D	1A/2C								
N	N	N	Υ	Υ	Υ	Υ	Υ	Υ	Υ	Υ	Υ

### **Sample 3:** Participant enrolled January – June; waived coverage July – December.

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1A/2C	1A/2C	1A/2C	1A/2C	1A/2C	1A/2C	1A/	1A/	1A/	1A/	1A/	1A/
Υ	Υ	Υ	Υ	Υ	Υ	N	N	N	N	N	N

### **Sample 4:** Participant enrolled January – March; not employed April – December.

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1A/2C	1A/2C	1A/2C	1H/2A								
Y	Υ	Υ	N	N	N	N	N	N	N	N	N

### **Sample 5:** Participant waived coverage January – December.

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1A/											