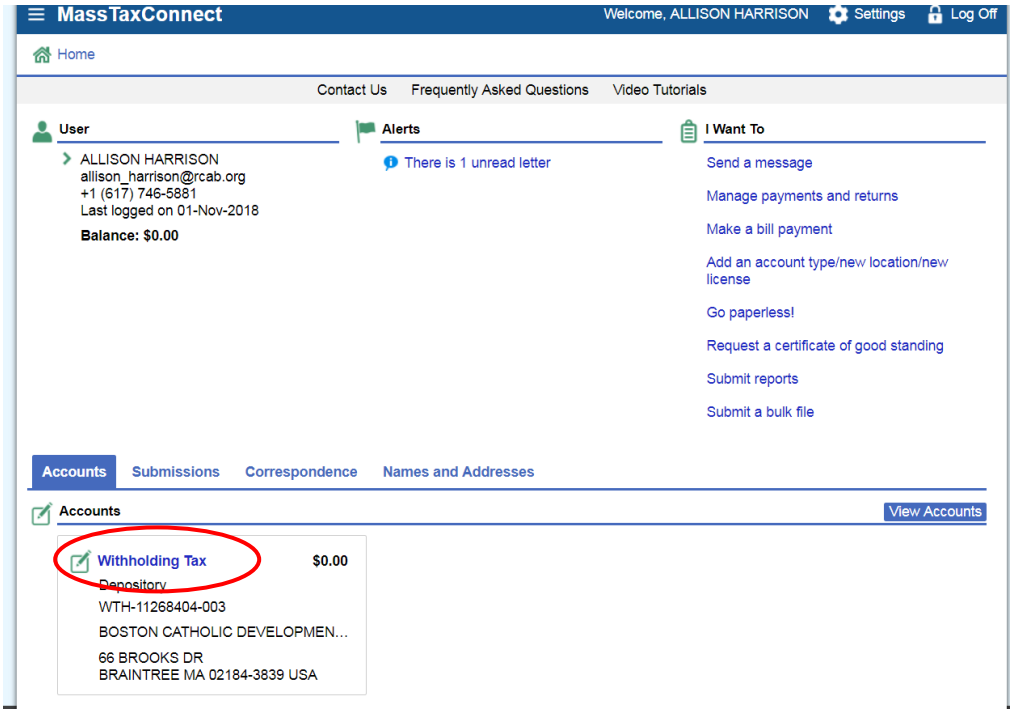
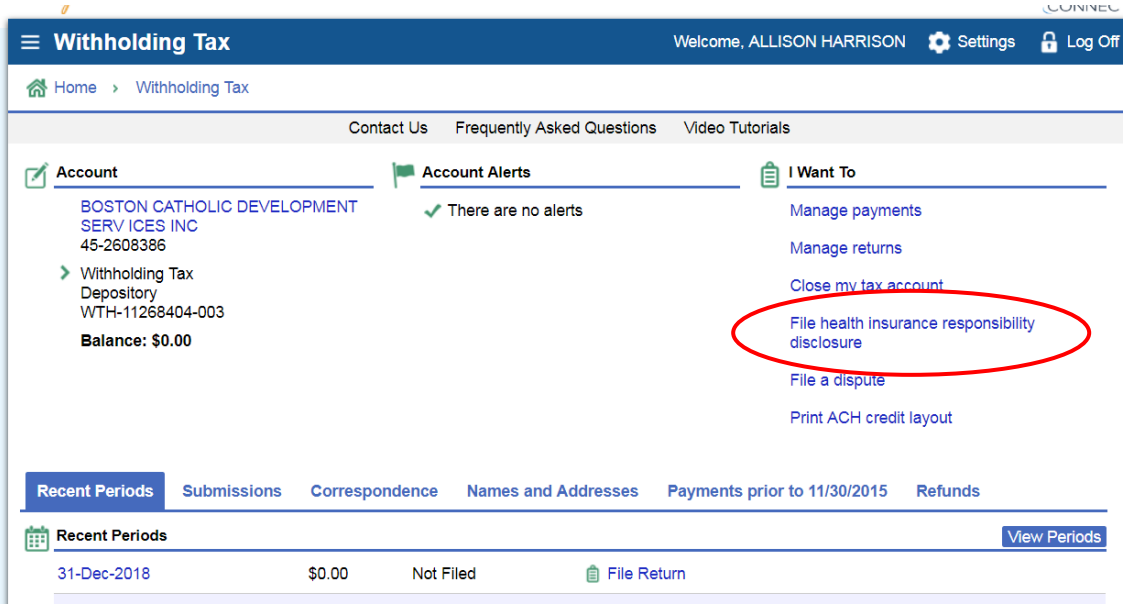
Instructions on Completing 2018 MA Health Insurance Responsibility Disclosure Filing

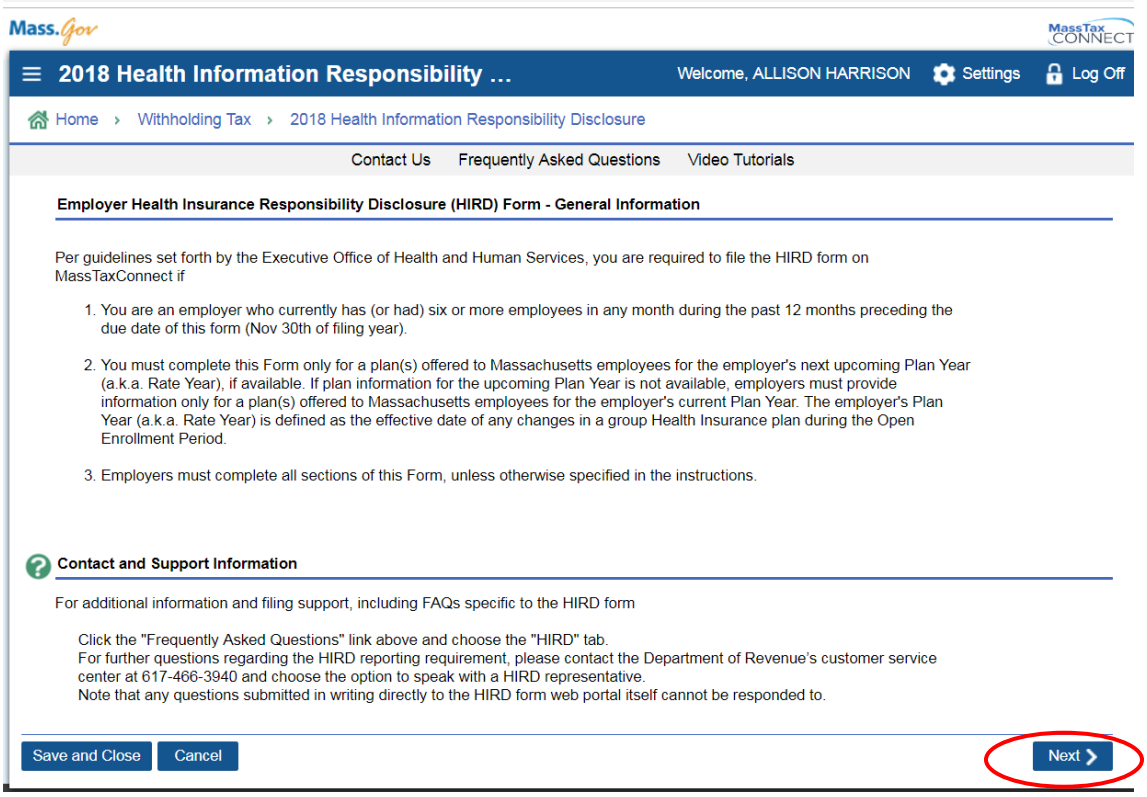
Important Note! The MassTaxConnect system does not appear to allow interim saving. You should be prepared to handle data entry in one sitting. This process should take approximately 15 minutes. Once you have logged in to MassTaxConnect, click "Withholding Tax" on the bottom left of the screen.



Then click "File health insurance responsibility disclosure" under "I Want To" on the right.



Click “Next” on the General Information screen.

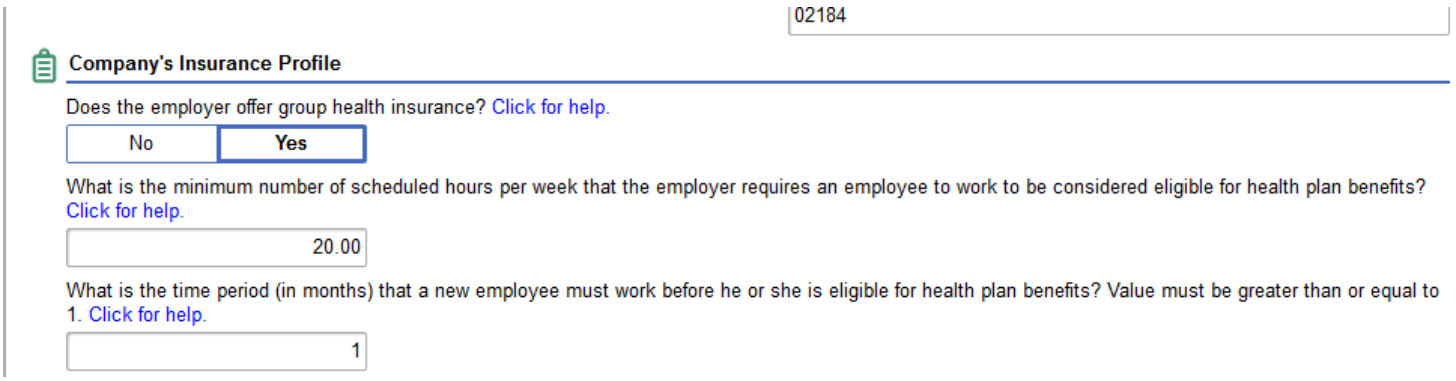


S*creen 1:* At the top of the next screen, on the right, enter the contact information for the person completing the form. Then enter the correct information for the blanks below. Suggested responses are outlined immediately below.

<u>Does the employer offer group health insurance</u>? YES

<u>What is the minimum number of scheduled hours per week</u>… : 20 for non-schools; 24 for schools; or a higher number (up to 30 per week) if your location (non-RCAB) requires more hours to be worked for benefit eligibility.

<u>What is the time period (in months) that a new employee</u>…: Enter 1 for any RCAB location; if your non-RCAB location has a longer waiting period, enter the correct number of months.

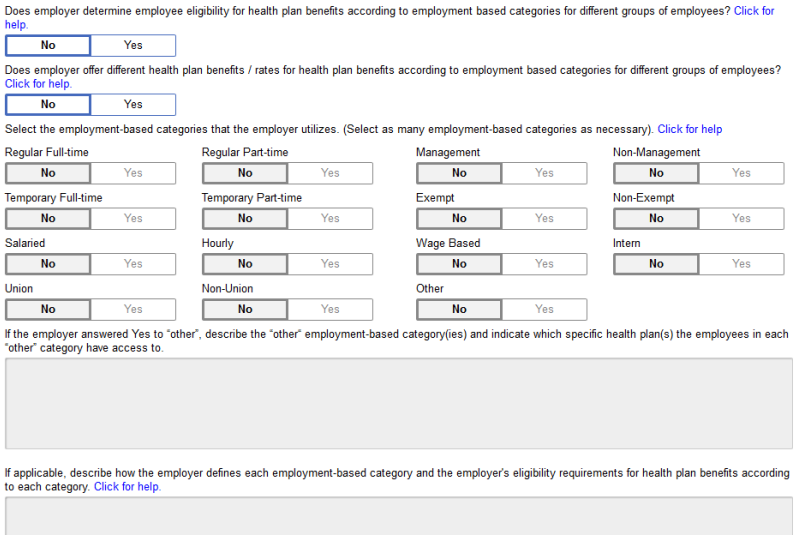


Does employer determine employee eligibility . . . NO.

Does employer offer different benefits / rates for health plan rates . . . These are defaulted to NO. Leave them as is unless your location offers different cost sharing for at least one employee. Some locations have employees who pay less for health coverage based on seniority. If this applies, choose "YES" under "Other" and then add the following in the next two text boxes:

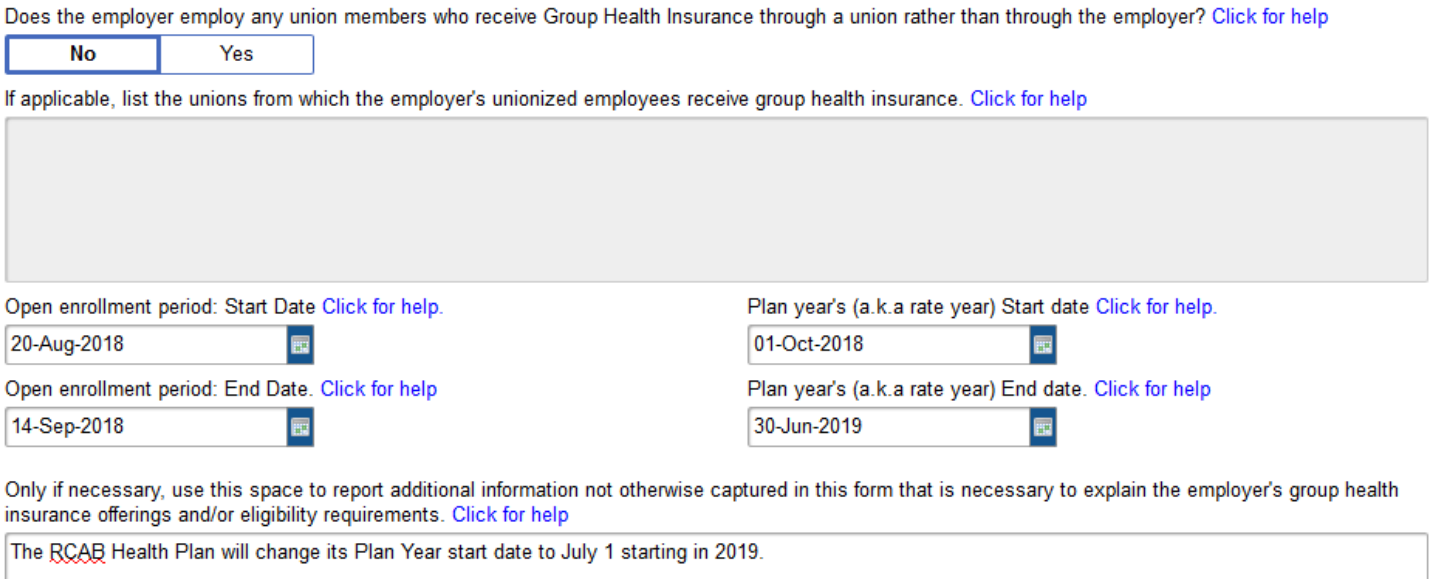
First box: "The employer offers less expensive health insurance to employees who were hired on or before ____ [date]. All employees are eligible for the RCAB Enhanced Blue Cross Health Plan and the RCAB Basic Blue Cross Health Plan if they are scheduled to work at least 1,000 hours/year."

Second box: "The employer offers less expensive health insurance to employees who were hired on or before ____ [date]. All employees are eligible for the RCAB Enhanced Blue Cross Health Plan and the RCAB Basic Blue Cross Health Plan if they are scheduled to work at least 1,000 hours/year."

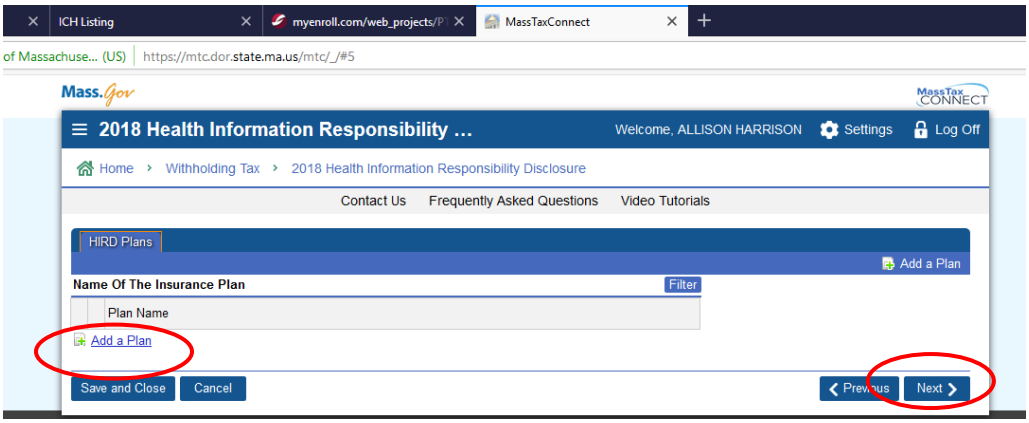


Does the employer employ any union members… NO. Then leave next box blank.

Applicable dates: see screen shot below. You may also want to add the comment, "The RCAB Health Plan will change its Plan Year start date to July 1 starting in 2019" shown below in the "Only if necessary" text box. Then click "Next."



Screen Two: Under Name of The Insurance Plan, click "Add a Plan" and then "Next."



Screen Three: Type in the Roman Catholic Archdiocese of Boston Blue Cross **Enhanced** Health Plan under "Name of the health insurer" and add the Plan group number(s) shown below. The Group Numbers are listed in the cover email to this document and can be cut and pasted into the website.

Answer **YES** to question about minimum creditable coverage. Answer **NO** to question about wellness credits. Enter **10/1/2018** into the field "Enter the date on which the following…"

For the question "Indicate the employment-based categories . . . ," click **YES** if your location offers different cost-sharing to different employees. Click **NO** if your location does not.

HIRD Plans | ROMAN CATHOLIC ARCHDIOCES | ROMAN CATHOLIC ARCHDIOCES

ROMAN CATHOLIC ARCHDIOCES

Plan's Profile

Name of the health insurer and Name of the health plan. Click for help

ROMAN CATHOLIC ARCHDIOCESE OF BOSTON BLUE CROSS ENHANCED HEALTH PLAN

Plan group number(s)

004061470
004061472
004061474
004061475
004061476
004061477

Do the benefits provided under the health insurance plan satisfy the minimum creditable coverage requirements of 956 CMR 5.03(1)(a)? Click for help

No | Unknown | **Yes**

Does the employer offer its employees wellness credits that may reduce the employee contribution to the premium for this plan? Click for help

No | Yes

Enter the date on which the following costs and coverage information became or will become effective for this plan. Click for help

01-Oct-2018

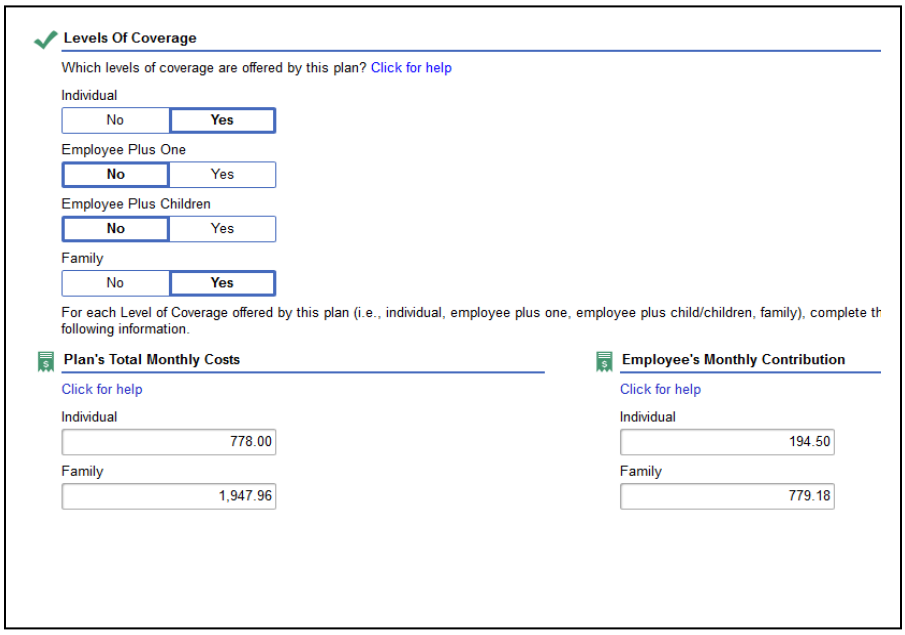
Indicate the employment-based categories that have access to this plan (Select as many employment-based categories as necessary). Click for help

Wage Based

No | Yes

Levels of Coverage

Individual	**YES**
Employee Plus One	**NO**
Employee Plus Children	**NO**
Family	**YES**



Plan's Total Monthly Costs

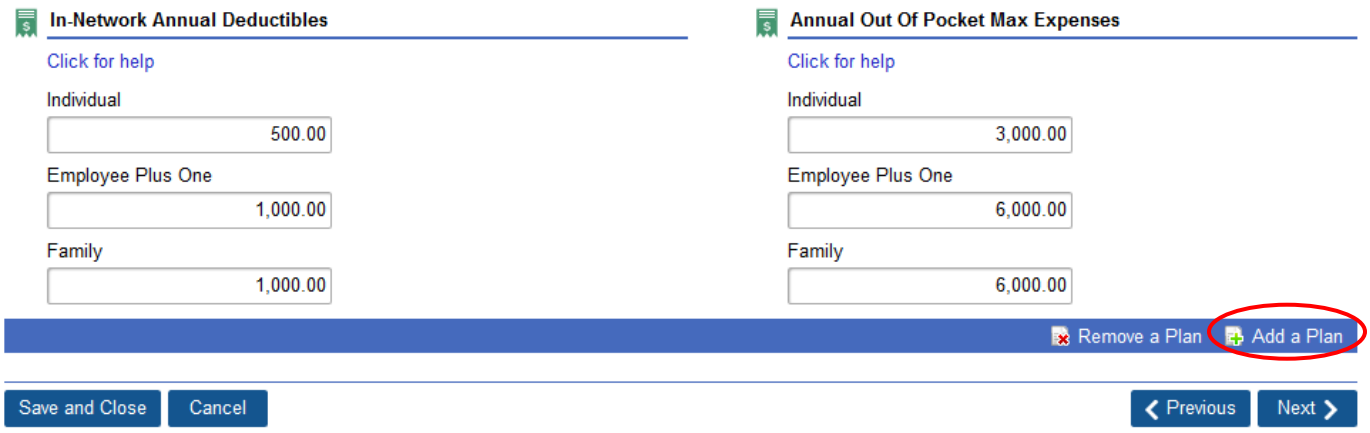
Individual	778.00
Family	1,947.96

Employee's Monthly Contribution

Individual	*calculate based on location cost sharing; 25% is shown here*
Family	*calculate based on location cost sharing; 40% is shown here*

Annual Deductibles and Annual Out of Pocket Max Expenses

Enter amounts below. Then click "Add a Plan" to enter information about the Blue Cross Basic Plan.



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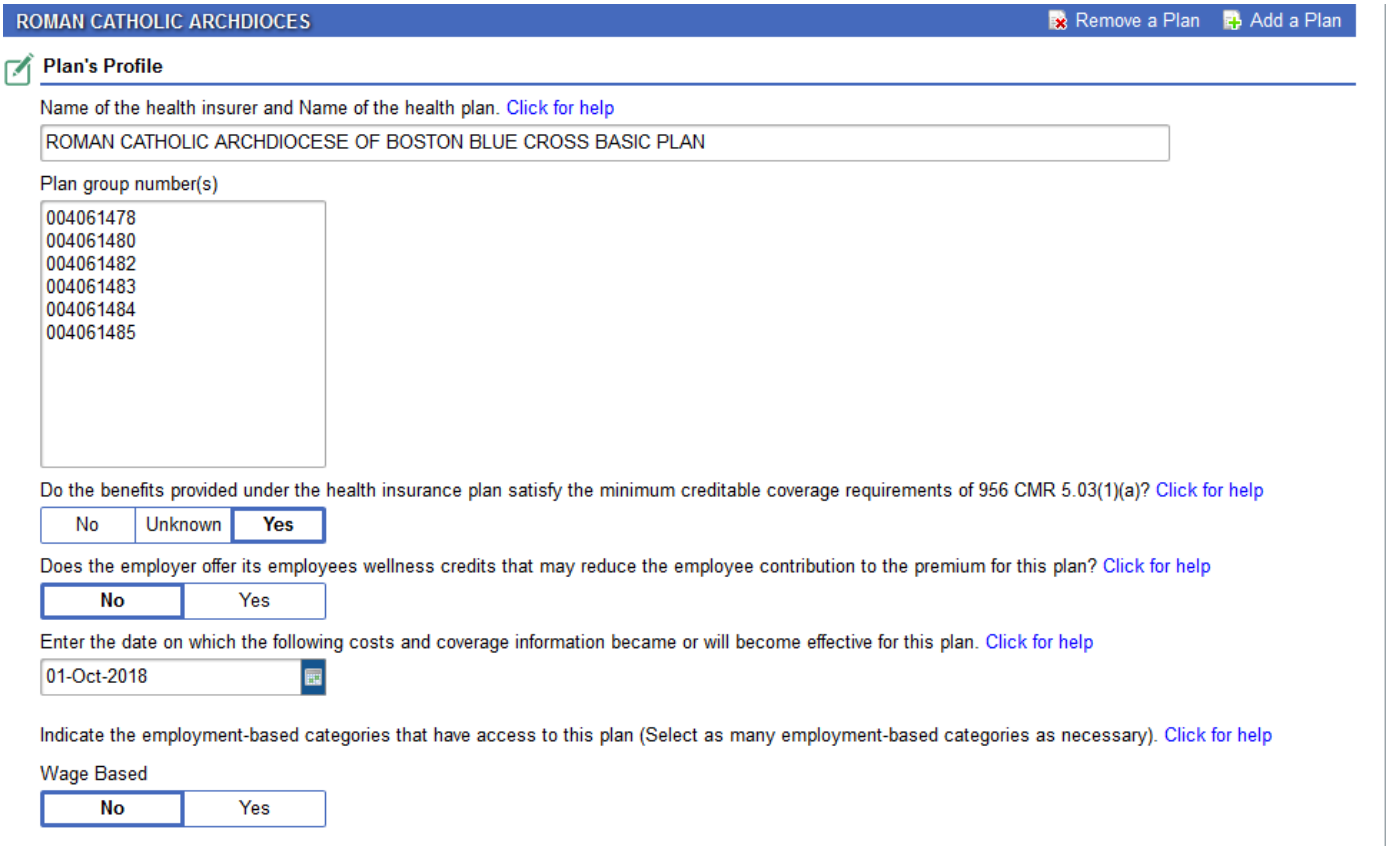
Screen Four: Type in Roman Catholic Archdiocese of Boston Blue Cross **Basic** Health Plan under Name of the health insurer and add the Plan group number(s) shown below. The Group Numbers are listed in the cover email to this document and can be cut and pasted into the website.

Answer **YES** to question about minimum creditable coverage.

Answer **NO** to question about wellness credits.

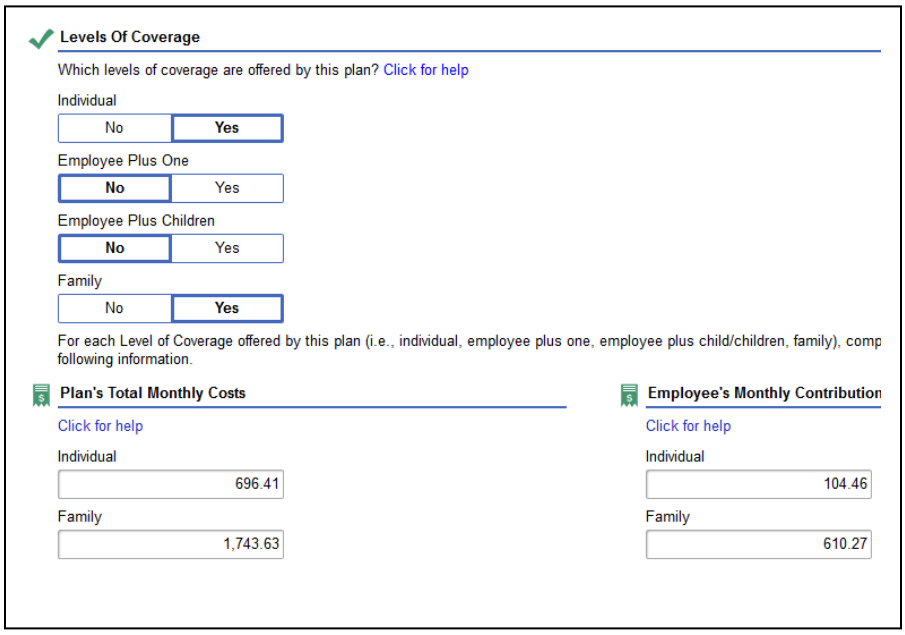
Enter **10/1/2018** into the field "Enter the date on which the following…"

For the question "Indicate the employment-based categories . . . ," click **YES** if your location offers different cost-sharing to different employees. Click **NO** if your location does not.



Levels of Coverage

Individual	**YES**
Employee Plus One	**NO**
Employee Plus Children	**NO**
Family	**YES**



Plan's Total Monthly Costs

Individual	696.41
Family	1,743.63

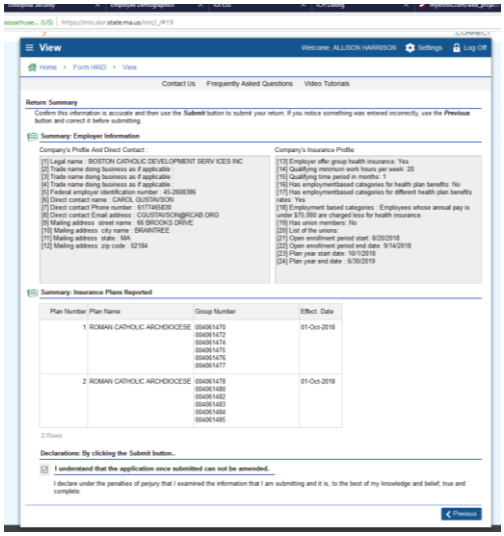
Employee's Monthly Contribution

Individual	*calculate based on location cost sharing; 15% is shown here*
Family	*calculate based on location cost sharing; 35% is shown here*

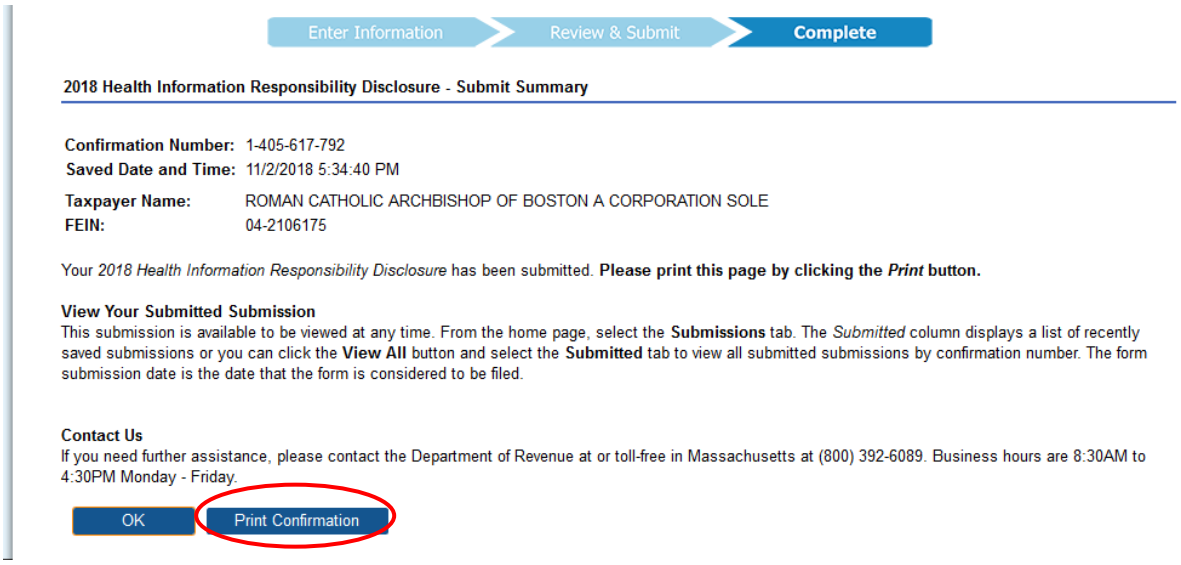
Annual Deductibles and Annual Out of Pocket Max Expenses

Enter amounts below. Then click Next.

Screen Five: Review the information summarized on the Return Summary page to ensure it is correct. Then check the box to certify the information is correct and complete, then click "Submit." You will need to re-enter your password to complete the submission.



Attempt to print the Submission page by clicking "Print Confirmation." The screen disappears once the "OK" button is clicked; before doing so, you may wish to print to PDF by choosing that option from the Printer drop down menu, then saving it.



If for some reason you cannot get these pages to print or save to PDF, you should still receive an email from the DOR confirming your submission. You can also return to the Home page and click "Submissions" and view Form HIRD under Submissions.