

2021 Important Compliance Dates

This checklist is designed to help companies review the key reporting and notice requirements that may apply to their employer-sponsored group health plans under ERISA (the Employee Retirement Income Security Act). Please note that this list is for general reference purposes only and is not all-inclusive.

JANUARY 2021		
Requirement	Deadline	Description
Form 1095-C or Form 1095-B Annual Statement to Individuals	January 31* *IRS may extend this deadline in response to ongoing COVID-19 pandemic.	Under Section 6056, ALEs are required to report information to the IRS about the health coverage they offer or do not offer to full-time employees on forms 1094-C and 1095-C. Under Section 6055, non-ALEs that are self-funded must report information to the IRS about the health coverage they offer or do not offer to full-time employees and their dependents on forms 1094-B and 1095-B. Forms are due to individuals by January 31 of the year immediately following the calendar year to which the reporting refers to.
Form W-2 (including health care costs)	January 31	Employers that filed 250 or more IRS Forms W-2 for the prior calendar year must include the aggregate cost of employer-sponsored health plan coverage on employees' Forms W-2. This reporting is optional for employers that had to file fewer than 250 Forms W-2 for the prior calendar year. Employers must file Forms W-2 with the Social Security Administration and furnish Forms W-2 to employees by January 31 of each year, unless an extension applies.
FEBRUARY 2021		
Requirement	Deadline	Description
Section 6055 and 6056 Reporting: 1094-C 1095-C 1094-B 1095-B	Filing deadline with the IRS for paper forms: February 28 (March 31, if filing electronically)	Under Section 6056, ALEs are required to report information to the IRS about the health coverage they offer or do not offer to full-time employees on forms 1094-C and 1095-C. Under Section 6055, non-ALEs that are self-funded must report information to the IRS about the health coverage they offer or do not offer to full-time employees and their dependents on forms 1094-B and 1095-B.

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MARCH 2021		
Requirement	Deadline	Description
Part D Disclosure to CMS	March 1 (for calendar year plans)	<p>Group health plans that provide prescription drug coverage to Medicare D eligible individuals must disclose to the Centers for Medicare & Medicaid Services (CMS) whether that coverage is creditable or not creditable.</p> <ul style="list-style-type: none"> • Within 60 days after the beginning of each plan year; • Within 30 days after the termination of a plan's prescription drug coverage; and • Within 30 days after any change in the plan's creditable coverage status. <p>Plans will use the online disclosure form on the CMS Creditable Coverage website.</p>
<p>Section 6055 and 6056 Reporting:</p> <p>1094-C</p> <p>1095-C</p> <p>1094-B</p> <p>1095-B</p>	<p>Filing deadline with the IRS for electronic submission:</p> <p>March 31 deadline to electronically file.</p> <p>ALEs that file 250 or more returns must file electronically.</p>	<p>Under Section 6056, ALEs are required to report information to the IRS about the health coverage they offer or do not offer to full-time employees on forms 1094-C and 1095-C.</p> <p>Under Section 6055, non-ALEs that are self-funded must report information to the IRS about the health coverage they offer or do not offer to full-time employees and their dependents on forms 1094-B and 1095-B.</p>

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JULY 2021		
Requirement	Deadline	Description
PCORI Fee	July 31	Self-insured plans (including HRAs) must file and make payment of the Patient Centered Outcomes Research Institute on IRS Form 720 for the previous year. Applicable fee for plan years that end on or after October 1, 2019 and before October 1, 2020 = \$2.54 PMPY, due July 31, 2021 Form 720 is available on the IRS website.
Form 5500	July 31 (for calendar year plans unless an extension applies)	ERISA plans with 100 or more plan participants as of the first day of the plan year, are required to file IRS Form 5500 by the last day of the 7th month following the end of the plan year.
SEPTEMBER 2021		
Requirement	Deadline	Description
Summary Annual Report	September 30 (for calendar year plans filing Form 5500)	Employers that are required to file a Form 5500 must provide participants with a summary of the information in the Form 5500, called a summary annual report (SAR). The plan administrator generally must provide the SAR within nine months of the close of the plan year. For calendar year plans, this deadline is September 30.
OCTOBER 2021		
Requirement	Deadline	Description
Medicare D – Creditable Coverage Notices	October 14	Group health plans that provide prescription drug coverage to Medicare D eligible individuals must disclose to eligible individuals whether that coverage is creditable or not creditable before the start of the annual coordinated election period for Medicare D (October 15-December 7). Model disclosure notices are available on the CMS website.

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ADDITIONAL IMPORTANT 2021 INFORMATION	
Employer Shared Responsibility (4980H) Penalties, subsection (a) and subsection (b):	<p>“A Penalty” - \$2,700/full time employee (less the first 30) per year.</p> <p>“B Penalty” - \$4,060/full time employee purchasing coverage on the exchange and receiving a penalty. B Penalty will be the lesser of A or B.</p>
ACA Affordability Threshold	<p>9.83%</p> <p>Under the Affordable Care Act’s Employer Shared Responsibility (the “employer mandate”), an ALE may be subject to a penalty if it does not offer to at least 95% of full-time employees coverage that is “affordable” and provides at least “minimum value”. The ACA provides that coverage is affordable if the employee cost for the lowest-priced self-only coverage available is not more than 9.78% (for 2020) of the employee’s household income. Regulations allow affordability to be up to 9.78% of one of three optional safe harbors, since employers will not actually know each employee’s household income. The three safe harbors are: 1) W-2 method, 2) Rate-of-Pay, and 3) Federal Poverty Line.</p>
ACA Annual Limitation on Out-of-Pocket	<p>\$8,550 / individual \$17,100 / family</p>
Annual HSA Contribution Limit	<p>\$3,600 / individual \$7,200 / family</p>
Maximum Out-of-Pocket for HDHP	<p>\$7,000 / individual \$14,000 / family</p>
<p>NOTE: The CMS Minimum Value calculator has not been updated since 2014. As such, plans that exceed an MOOP of \$6,500/\$13,000 will need to engage an actuary to certify the Minimum Value status of the plan.</p>	

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