

2021 Important Compliance Dates



This checklist is designed to help review the key reporting and notice requirements that may apply to your employer sponsored health plan 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
<p>Form 1095-C</p> <p>or</p> <p>Form 1095-B Annual Statement to individuals</p>	<p>January 31*</p> <p><i>*IRS may extend this deadline in response to COVID-19.</i></p>	<p>Under Section 6056, Applicable large employers (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> <p>Forms are due to individuals by January 31 of the year immediately following the calendar year to which the reporting refers to.</p>
<p>Form W-2 (including health costs)</p>	<p>January 31</p>	<p>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.</p> <p>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.</p>

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February 2021		
Requirement	Deadline	Description
Section 6055 and 6056 Reporting: 1094-C 1095-C 1094-B 1094-B	Paper Forms: February 28th Electronically: March 31st	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.

March 2021		
Requirement	Deadline	Description
Part D Disclosure to Centers for Medicare & Medicaid Services (CMS)	March 1 (for calendar year plans)	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. <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.
Section 6055 and 6056 Reporting: 1094-C 1095-C 1094-B 1094-B	*Electronically: March 31st *Employers that file 250 or more returns must file 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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July 2021		
<i>Requirement</i>	<i>Deadline</i>	<i>Description</i>
PCORI Fee	July 31st	<p>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.</p> <p>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</p> <p>Form 720 is available on the IRS website</p>
Form 5500	July 31st (for calendar year plans unless and 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		
<i>Requirement</i>	<i>Deadline</i>	<i>Description</i>
Summary Annual Report	September 30th (for calendar year plans filing Form 5500)	Employers that are required to file a form 5500 must pro-vide 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		
<i>Requirement</i>	<i>Deadline</i>	<i>Description</i>
Medicare D – Credible Coverage Notices	October 14th	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).

2021 Additional Important Information

<p>Employer Shared Responsibility (4980H) Penalties, subsection (a) and subsection (b):</p>	<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>
<p>ACA Affordability Threshold</p>	<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 employee’s 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.</p> <p>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>
<p>ACA Annual Limitation on Out-of-Pocket</p>	<p>\$8,550 / individual</p> <p>\$17,100 / family</p>
<p>Annual HSA Contribution Limit</p>	<p>\$3,600 / individual</p> <p>\$7,200 / family</p>
<p>Maximum Out-of-Pocket for HDH</p>	<p>\$7,000 / individual</p> <p>\$14,000 / family</p>
<p><i>Please 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.</i></p>	