

2022

Annual Group Health Plan **COMPLIANCE DEADLINES**



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2022 Group Health Plan Compliance Requirements and Deadlines

Employers that sponsor group health plans are subject to numerous reporting and disclosure requirements throughout the year in connection with their group health plans. This general compliance calendar lists key 2022 compliance deadlines that apply to employer-sponsored group health plans.

This calendar only addresses **recurring calendar year compliance deadlines**. The calendar does not include other requirements that are not based on the calendar year. For example, a plan administrator must provide a COBRA Election Notice to a qualified beneficiary after a qualifying event occurs. This type of notice requirement is not addressed in this calendar. For non-calendar year plans, these deadlines will need to be adjusted to reflect each plan's specific plan year.

State laws may impose additional obligations. Employers should refer to the specific federal or state law at issue for complete information or consult with their legal department on applicable state laws that may provide additional requirements and deadlines.

Determining the Plan Year

The **"plan year"** is the calendar, policy or fiscal year on which the records of the plan are kept. Many employers operate their group health plans on a calendar year basis, from Jan.1 through Dec.31 of each year.

Other employers operate their plans on a non-calendar year basis, which may be consistent with the company's taxable year or with an insured plan's policy year.

2022 Group Health Plan Compliance Deadlines

JANUARY 2022

Requirement	Description	Timing	Due Date
Form W-2 (including health plan costs)	The ACA requires employers to report the aggregate value of applicable employer-sponsored group health coverage on their employees' Form W-2 for the prior calendar year. See the IRS page Form W-2 Reporting of Employer-Sponsored Health Coverage for information. This Form W-2 reporting requirement is currently optional for small employers (those who file fewer than 250 Forms W-2). Employers that file 250 or more Forms W-2 are required to comply with the ACA's reporting requirement.	The deadline to file and furnish Form W-2 is January 31.	January 31, 2022
Form 1095-C or Form 1095-B — Annual Statement to Full-Time Employees	Applicable large employers (ALEs) subject to the ACA's employer shared responsibility rules must furnish Form 1095-C (Section 6056 statements) annually to their full-time employees. Employers with self-insured health plans that are not ALEs must furnish Form 1095-B (Section 6055 statements) annually to covered employees.	The Forms 1095-C and 1095-B are due on or before January 31 (<i>IRS proposed regs with 30-day automatic extension</i>) of the year immediately following the calendar year to which the statements relate.	January 31, 2022 (<i>March 2, 2022, if proposed regs finalized.</i>)

FEBRUARY 2022

Requirement	Description	Timing	Due Date
<u>ACA Section 6055</u> Forms 1095-B and 1094-B	Form 1095-B is used to meet The Affordable Care Act (ACA) Section 6055 reporting requirement to confirm minimum essential coverage (MEC). Form 1095-B is used by insurers, plan sponsors of self-funded multiemployer plans, and plan sponsors of self-funded plans that have fewer than 50 employees to report on coverage in effect for the employee, union member, retiree, or COBRA participant, and their covered dependents, on a month-by-month basis. Filers use Form 1094-B as the transmittal to submit the Form 1095-B return.	1095-B to IRS: Feb. 28 for paper filers, or Mar. 31 for electronic filers. 1095-B to employees: Jan. 31 (<i>IRS proposed regs with 30-day automatic extension</i>) 1094-B: Feb. 28 for paper filers, or Mar. 31 for electronic filers.	February 28, 2022 (paper) or March 31, 2022 (electronic).
<u>ACA Section 6056</u> Forms 1095-C and 1094-C	Form 1095-C is used to meet meet The Affordable Care Act (ACA) Section 6056 reporting requirement for Applicable Large Employers (employer shared responsibility/play-or-pay) and to determine whether an individual is eligible for a premium tax credit. Form 1095-C is also distributed to employees to verify coverage offering during the year. New codes and lines have been introduced in Form 1095-C to report offers of individual coverage HRAs and report the related information. See Form 1095-C new code changes for 2021 tax year. Filers use Form 1094-C as the transmittal to submit the 1095-C return to the IRS.	1095-C to IRS: Feb. 28 for paper filers, or Mar. 31 for electronic filers. 1095-C to employees: Jan. 31 (<i>IRS proposed regs with 30-day automatic extension</i>) 1094-C: Feb. 28 for paper filers, or Mar. 31 for electronic filers.	February 28, 2022 (paper) or March 31, 2022 (electronic).

2022 Group Health Plan Compliance Deadlines

MARCH 2022			
Requirement	Description	Timing	Due Date
Form M-1	Multiple employer welfare arrangements (MEWAs) and Entities Claiming Exception (ECEs) are required to file Form M-1 with DOL to report required information about the MEWA's custodial and financial condition (subject to certain exceptions).	Due by March 1 of the year following the calendar year for which reporting is required. Automatic 60-day extension is available if filed by the normal due date for the Form M-1.	March 1, 2022
Medicare Part D Creditable Coverage Disclosure to CMS	Employers with group health plans that provide prescription drug coverage to individuals that are eligible for Medicare Part D must disclose to CMS whether prescription drug coverage is creditable or not. Employers must provide CMS with this information via the Disclosure to CMS Form completed and sent electronically through the CMS website. See the CMS instruction guide with screen shots for completing the form online.	<ul style="list-style-type: none"> ✓ Disclosure form must be provided annually, within 60 days after the first day of the plan year for the reporting year; ✓ within 30 days after the prescription drug plan's termination; or, ✓ within 30 days after any change in the creditable coverage status of the prescription drug plan. 	March 2, 2022 (for plan years beginning January 1, 2022.)
<u>ACA Section 6055</u> Forms 1095-B and 1094-B	Form 1095-B is used to meet The Affordable Care Act (ACA) Section 6055 reporting requirement to confirm minimum essential coverage (MEC). Form 1095-B is used by insurers, plan sponsors of self-funded multiemployer plans, and plan sponsors of self-funded plans that have fewer than 50 employees to report on coverage in effect for the employee, union member, retiree, or COBRA participant, and their covered dependents, on a month-by-month basis. Filers use Form 1094-B as the transmittal to submit the Form 1095-B return.	1095-B to IRS: Feb. 28 for paper filers, or Mar. 31 for electronic filers. 1095-B to employees: Jan. 31 (IRS proposed regs with 30-day automatic extension) 1094-B: Feb. 28 for paper filers, or Mar. 31 for electronic filers.	March 31, 2022 (electronic) or February 28, 2022 (paper). <u>1095-B and 1095-C to employees:</u> Jan. 31, 2022 (March 2, 2022 , if proposed regs finalized.)
<u>ACA Section 6056</u> Forms 1095-C and 1094-C	Form 1095-C is used to meet meet The Affordable Care Act (ACA) Section 6056 reporting requirement for Applicable Large Employers (employer shared responsibility/play-or-pay) and to determine whether an individual is eligible for a premium tax credit. Form 1095-C is also distributed to employees to verify coverage offering during the year. New codes and lines have been introduced in Form 1095-C to report offers of individual coverage HRAs and report the related information. See Form 1095-C new code changes for 2021 tax year. Filers use Form 1094-C as the transmittal to submit the 1095-C return to the IRS.	1095-C to IRS: Feb. 28 for paper filers, or Mar. 31 for electronic filers. 1095-C to employees: Jan. 31 (IRS proposed regs with 30-day automatic extension) 1094-C: Feb. 28 for paper filers, or Mar. 31 for electronic filers.	March 31, 2022 (electronic) or February 28, 2022 (paper). <u>1095-B and 1095-C to employees:</u> Jan. 31, 2022 (Mar. 2, 2022 , if proposed regs finalized.)
Form 8809	Employers use IRS Form 8809 to get an automatic 30-day extension of time to file Forms 1094-B or 1094-C.	Must be filed on or before the due date of the returns.	Form 1094-B & C: March 31, 2022 (electronic) or Feb. 28, 2022 (paper).

2022 Group Health Plan Compliance Deadlines

A P R I L 2 0 2 2			
Requirement	Description	Timing	Due Date
Form 7004	Employers use IRS Form 7004 to receive an automatic 6-month extension to file Form 9928 and other general business returns.	Generally, must be filed on or before the due date of the applicable tax return.	April 15, 2022
Form 9928	Employers and plan administrators should self-report any failure to comply with various group health plan requirements, including requirements related to the ACA, COBRA, HIPAA, Mental Health Parity, and the comparable contribution requirement for health savings accounts (HSAs), using IRS Form 9928 .	<p>Deadline to submit form and pay excise tax is plan sponsor's federal income tax return filing deadline.</p> <p>For a multiple employer welfare arrangement (MEWA), deadline is the last day of the seventh month following the close of the plan year.</p> <p>Deadline for violating HSA comparable contributions requirements is April 15 following the calendar year in which the non-comparable contributions were made.</p>	April 15, 2022 MEWA: July 31, 2022

J U L Y 2 0 2 2			
Requirement	Description	Timing	Due Date
Form 5500	Form 5500 is the annual filing to DOL and IRS that plans with 100 participants or more use to report required information about the plan's financial condition. Form 5500-SF can be filed for eligible plans with less than 100 participants. Form 5500-EZ can be filed for one-participant retirement plans or foreign plans. See the IRS Form 5500 Corner for information.	Due on the last day of the seventh month after the plan year end..	July 31, 2022 (for calendar year plans)
Form 5558	Employers may obtain an automatic extension to file Form 5500, Form 5500-SF, Form 5500-EZ, Form 8955-SSA, or Form 5330 by filing IRS Form 5558 . The extension will allow return/reports to be filed up to the 15th day of the third month after the normal due date.	Due on or before the date the return/reports must be filed.	July 31, 2022 (for an extension to file Form 5500 for calendar year plans)
Patient Centered Outcomes Research Institute (PCORI) Fee	All plans that provide medical coverage to employees must file IRS Form 720 and pay the fee. Medical coverage includes PPO plans, HMO plans, POS plans, HDHPs, and HRAs. The fee is effective for plan/policy years ending on or after October 1, 2012, and before October 1, 2029.	The fee is due by July 31 of the year following the calendar year in which the plan/policy year ends.	July 31, 2022

2022 Group Health Plan Compliance Deadlines

SEPTEMBER 2022

Requirement	Description	Timing	Due Date
Summary Annual Report (SAR)	An ERISA plan administrator is required to provide covered participants and certain beneficiaries with an annual statement summarizing the latest annual report Form 5500 for the plan. A sample SAR for welfare plans is available from the DOL.	Due to participants nine months after the plan year; two months after the extended due date for filing the Form 5500..	September 30, 2022 (for plan year plans); December 15, 2022 if extension filed.

OCTOBER 2022

Requirement	Description	Timing	Due Date
Individual Coverage Health Reimbursement Arrangement (ICHRA) Notice	Employers that provide an ICHRA must furnish written notice to each participant containing specific information about the ICHRA. See the DOL model notice for information.	Notice must be provided at least 90 days before the start of the plan year. For newly eligible employees, written notice must be provided no later than the date coverage may begin.	October 1, 2022 (for plan year beginning January 1, 2023).
Qualified Small Employer Health Reimbursement Arrangement (QSEHRA) Notice	Employers that provide a QSEHRA must furnish written notice to eligible employees including a statement of the amount of each permitted benefit for which the employee might be eligible, a statement that the eligible employee must provide the amount of the permitted benefit to the marketplace if the employee applies for an advance premium tax credit, and a statement that the employee may be liable for any month in which they do not have minimum essential coverage.	Written notice to eligible employees at least 90 days before the beginning of each plan year. For mid-year eligible employees, notice must be sent the date	October 3, 2022 (for QSEHRAs that start on January 1, 2023)
Medicare Part D Notice of Creditable Coverage to Plan Participants	The Medicare Modernization Act penalizes individuals for late enrollment in Medicare Part D if they do not maintain "creditable coverage" for a period of 63 days or longer following their initial enrollment period for drug benefits. Plan sponsors must disclose whether prescription drug coverage is creditable or non-creditable. CMS provides model notices for creditable coverage and non-creditable coverage disclosures in both English and Spanish. See our " Sample Open Enrollment Notices Packet. "	Disclosures to individuals must be made: <ol style="list-style-type: none">1. Prior to the Medicare Part D annual coordinated election period – October 15 through December 7 of each year2. Prior to an individual's initial enrollment period for Medicare Part D3. Prior to the effective date of coverage for any Medicare-eligible individual that joins the plan4. Whenever prescription drug coverage ends or coverage changes so that it is no longer creditable or becomes creditable5. Upon request by a beneficiary If the creditable coverage disclosure notice is provided to all plan participants annually, prior to October 15 of each year, CMS will consider items 1 and 2 above to be met.	October 15, 2022

2022 Group Health Plan Compliance Deadlines

Deadlines that apply to Retiree Drug Subsidy (RDS) & Attestation of Actuarial Equivalence Due to CMS			
Requirement	Description	Timing	Due Date
Retiree Drug Subsidy (RDS) & Attestation of Actuarial Equivalence due to CMS - Application	<p>The RDS program reimburses plan sponsors for a portion of their qualifying covered retirees' costs for prescription drugs otherwise covered by Medicare Part D.</p> <p>See link for information on the RDS Annual Plan Application.</p>	A plan sponsor must submit an application using the RDS Secure Website for each plan year for which the plan sponsor would like to request a subsidy.	See the RDS Application Deadline page . The application deadline is approximately 90 days before the selected plan year start date (adjusted for federal holidays). A 30-day extension may be requested.
Retiree Drug Subsidy (RDS) & Attestation of Actuarial Equivalence due to CMS - Reconciliation	<p>Plan sponsors who apply for the Medicare Part D retiree drug subsidy must submit a reconciliation to confirm the list of covered retirees and cost data. Additional information and a User Guide can be found at www.rds.cms.hhs.gov.</p>	The reconciliation must be filed by the last day of the fifteenth month after the plan year end date (adjusted for weekends and federal holidays).	See the RDS Reconciliation Deadline page for upcoming reconciliation deadlines.