



Compliance Calendar For Group Health Plans

Employers that provide group health plan coverage to their employees are subject to numerous compliance requirements throughout the year, such as requirements for reporting, participant disclosure and certain fee payments. This Compliance Overview contains a high-level summary of the various compliance requirements and associated deadlines that health plan sponsors should be aware of throughout the year.

This calendar is based on a January 1st - December 31st ERISA Plan Year and a January 1st contract renewal date. Actual due dates may differ for some items if the employer's plan runs on a non-calendar year.

Due Date	Requirement	Description
January 1	Minimum Wage	<p>U.S. federal minimum wage rate is \$7.25 per hour. California minimum wage increases to \$12.00 per hour for employers with 26 or more employees and \$11.00 per hour for employers with fewer than 26 employees.</p> <p>Additional information on California wages is at https://www.dir.ca.gov/dlse/faq_minimumwage.htm</p> <p>To check minimum wage rates in each state, see DOL website.</p> <p>Note that many cities have higher minimum wage laws. Where applicable, these supercede the lower state minimum wage amounts.</p>
January 31	W-2s	<p>Deadline by which all employers must provide W-2s to employees for 2018 calendar year.</p> <p>In addition to compensation and withheld taxes, W-2s also must include information on certain employee benefits, such as imputed income for group-term life insurance, employer Health Savings Account Contributions (Box 12, use Code W).</p> <p>Employers who furnished at least 250 W-2s for 2017 must include in the 2018 W-2s the total cost of employer-provided group health coverage (Box 12, use Code DD).</p>

This document is not intended to be exhaustive nor should any discussion or opinions be construed as legal advice. Readers should contact legal counsel for legal advice.

Due Date	Requirement	Description
		Employers must report the total amount of dependent care benefits paid or incurred on an employee's behalf in Box 10 of Form W-2. Amounts over \$5,000 (\$2,500 in the case of a separate return filed by a married individual) are also included in Box 1.
January 31	SF HCSO	SF HCSO – Deadline to submit Q4 SF HSCO expenditures, as applicable (companies with 20+ employees doing business in San Francisco; Non-Profits with 50+ employees)
February 15	Request for Waiver to File Electronically	Deadline by which employers who are required to file information reporting forms <u>electronically (forms W-2, W-2G, 1042-S, 1097-BTC, 1098 Series, 1099 Series, 3921, 3922, 5498 Series, and 8027, or ACA Forms 1095-B, 1095-C or Form 1094-C)</u> can file Form 8508 – Request for Waiver from Filing Information Returns Electronically. Must be submitted at least 45 days before the due date of the returns (February 15 for March 31 due date). Failure to timely file electronically or to file Form 8508 may result in penalties of up to \$260 per return. NOTE: It appears that filing Form 8508 would result in hard-copy filing due February 28.
February 15 or Earlier (Recommended)	Non-discrimination Testing	Nondiscrimination Testing, for calendar-year Section 125 plan or self-funded plan, so employer can make any needed adjustments.
February 28	Section 6055 and 6056 Reporting (under 250 forms)	Deadline by which hard-copy (paper filings less than 250 forms) information reporting forms (1094-C and 1095-C) are due to IRS. Information returns are comprised of the 1094-C and 1095-Cs for applicable large employers (ALEs), and 1094-B and 1095-Bs for small employers with self-insured plans. Tip: Remember to double check that the Company Name, Address, EIN, and associated EINs, in addition to all of the other applicable fields on the 1094-C cover page, are accurate.
March 1 or Earlier	Medicare Part D Creditable Coverage Report due to CMS	Medicare Part D Online Disclosure to CMS of Creditable Coverage Status (March 1 deadline applies for calendar year plans; deadline is within 60 days after first day of plan year.) Employers go online to https://www.cms.gov/Medicare/Prescription-Drug-Coverage/CreditableCoverage/CCDisclosureForm.html
March 1	HIPAA Breach Notifications due to OCR	Date by which the Office for Civil Rights (OCR) must be notified if a breach of PHI occurred during 2018 and it involved the PHI of fewer than 500 individuals. Covered entities (such as group health plans) must track any breaches of unsecured PHI in a log, and that must be submitted to OCR within 60 days after the end of each calendar year.
March 1	MEWA	Deadline by which multiple employer welfare arrangements (MEWAs) providing health coverage must file annual Form M-1. Form is for the prior calendar year, and must be filed electronically.

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March 4, 2019 (Previously Jan 31)	1095-B & 1095-C Annual Statements to Individuals	Employers who are subject to the ACA employer mandate must provide full-time employees with an IRS form 1095-C to document group health coverage they were offered or enrolled in during 2018. Also, small employers who offer self-funded plans must furnish 1095-Bs to full-time and part-time employees who enrolled in the self-funded group health plan at any time in 2018.
March 30 and 90 days after certain Events	Summary Plan Description	Summary Plan Description (SPD). (Calendar year plans).
March 31	EEO-1 Report	Deadline by which employers with at least 100 employee and employers with federal government contracts of \$50,000 or more and at least 50 employees must submit their 2018 EEO-1 report to the EEOC (Equal Employment Opportunity Commission). Click here for EEO-1 reporting information . Note that the pay data collection aspect of the EEO-1 form, previously announced by the EEOC, has been suspended under the Trump administration.
April 1	1094-B, 1095-B, 1094-C, 1095-C Forms due to IRS (if filing electronically)	Deadline by which <u>electronic</u> information reporting forms (1094-C & 1095-C) are due to IRS. Also, small employers with self-insured plans who elect to file electronically must file 1094-Bs and 1095-Bs with the IRS by April 1, 2019.
April 15 (or applicable tax filing deadline, without extensions)	Last day to make HSA contributions and corrections for 2018	Employers and individuals have until the tax filing deadline to make HSA contributions and corrections for a given calendar year.
July 29	Last day to issue a Summary of Material Modifications (SMM) for the prior plan year	ERISA requires that a Summary of Material Modification (SMM) be issued any time there is a change in a plan provision that is "material" (but not a reduction) or any time there is a change in a plan provision that is required to be in the Summary Plan Description (SPD).
July 31	PCORI Fee	Patient-Centered Outcomes Research Institute (PCORI) fee is due for policy or plan years that ended in 2018.
July 31	5500 Filing	Employers must file 5500s for plans with at least 100 participants (i.e., employees) at the start of the plan year. In addition, employers with plans that have fewer than 100 participants must file a 5500 if the plan is "funded" (i.e., the assets of the plan are segregated from the general assets of the plan sponsor through a trust).
September 30	MLR Rebate	Date by which insurers must pay Medical Loss Ratio (MLR) rebates to policyholders, for the 2018 reporting year. Employers who sponsor ERISA plans and who receive MLR rebates that are in part "plan assets" must

Due Date	Requirement	Description
		pay the appropriate rebate amount to participants or for benefit improvements within three months of receipt of the MLR rebate from the carrier, or must establish a trust to hold the rebate as plan assets.
September 30	Summary Annual Report	Date by which SARs (Summary Annual Report) – Plan administrator must distribute SARs to plan participants unless Form 5500 was extended. If extended then it is due December 15.
October 15	Medicare Part D – Creditable Coverage Notice to Individuals	Employers offering prescription drug coverage must issue the Notice of Creditable Coverage to individuals by October 14. (Note: Employers may provide the notice at any time during the 12 months preceding October 14.) SBC required annually during open enrollment
October 15	Open enrollment begins in the Health Insurance Marketplaces (Exchanges)	Eligible individuals can enroll or renew enrollment for 2020, and some may qualify for subsidies. Open enrollment period is October 15, 2019 – January 15, 2020
October 30	SF HCSO	Deadline to submit Q3 SF HCSO expenditures, as applicable (<i>companies with 20+ employees doing business in San Francisco; Non-Profits with 50+ employees</i>)
October 31	Non-Discrimination Testing	Plan sponsors of self-funded group health plans and/or IRC 125 plans may wish to have nondiscrimination testing done, so plan sponsor can make adjustments (if needed) before year-end. (This is a suggested date, not a required date. Section 125 regulations require that nondiscrimination testing be done on the last day of the plan year.)
November 15 through December 15	Special Open Enrollment Period for Small Group	Special one-month enrollment period each year, during which small group health insurers must offer and write <u>new</u> coverage for small employers who do not meet the insurer's minimum participation requirements. Insurers are not required to renew existing plans that do not meet minimum participation rules, although apparently insurers generally do apply this to renewals to avoid having to swap their current small groups with other insurers.
December 15	Individual Exchange	Date by which individuals must enroll in Marketplace/Exchange coverage for it to be effective January 1, 2020.
December 30	MLR Rebate Distribution	Date by which ERISA plan sponsors who received MLR rebates on September 30 must pay the appropriate rebate amount to participants or for benefit improvements if the rebate is in part “plan assets,” or employer must establish a trust to hold the rebate as plan assets.

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December 31	Non-discrimination Testing (Re-Test)	Section 125 regulations require that nondiscrimination testing be done on the last day of the plan year, which is December 31 for calendar-year plans. Many employers test around October 31 so they can make any necessary adjustments and then do not re-test again on December 31. If IRS subsequently audited and questioned compliance, employer might need to re-run the test as of December 31 to prove plan complied with nondiscrimination requirements on that date.
December 31	ALE Status Determination	Just a reminder that, as of December 31, employers have all the information they need to calculate whether they are “applicable large employers” (ALEs) in 2020 – because 2020 status is based on number of employees each month in 2019. Also, ALEs (and small employers who sponsor self-funded group health plans) have all the data they need for 2019 information reporting (Forms 1094-B or C and 1095-B or -C).
Open Enrollment		SBC required annually during open enrollment