

Employee Benefits Compliance Overview



November 2021 | *As we approach the end of 2021, there are some key compliance updates for employers to be aware of. This overview briefly describes some of the changes coming your way. Contact Murray Group if you have any questions.*

Upcoming ACA Reporting for 2021 Plan Year

The Internal Revenue Service (IRS) released final 2021 forms for reporting under Internal Revenue Code (Code) Sections 6055 and 6056. **No substantive changes were made to the forms for the 2021 reporting. In previous years, the IRS has extended the deadlines for the reporting requirement, but no such extension has been announced to date.** Applicable Large Employers (ALEs) should plan to meet the filing deadlines listed below in order to avoid facing penalties. Form 1095-C must be furnished to employees by 01/31/2022. Forms 1094-C and 1095-C must be filed with the IRS by 02/28/2022, if filing by paper, or 03/31/2022, if filing electronically.

Employers should become familiar with their method of reporting and reach out to their Account Executive at Murray Group if they have any questions.

ACA Reporting Deadlines:

Jan. 31, 2022

Individual statements to employees for 2021 must be furnished.

Feb. 28, 2022

Paper IRS returns for 2021 must be filed.

Mar. 31, 2022

Electronic IRS returns for 2021 must be filed.

Updates to Annual Health Plan Notices:

ERISA requires employers that sponsor group health plans to provide certain notices and disclosures to plan participants and beneficiaries. Many of these notices may be included in your Summary Plan Description (SPD), however, employers should ensure they are up-to-date and contain accurate information.

Surprise Billing Notice: *(New)*

Provides participants with information regarding their rights and protections against surprise medical bills. Plans and issuers may, but aren't required to, use this model notice to meet these disclosure requirements effective January 1, 2022. [Model Surprise Billing Notice>>](#)

Updated CHIP Notice:

On October 15, 2021, the DOL updated its Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP) model notice that employers with group health plans may use to notify eligible employees about premium assistance available through their state Medicaid or CHIP. The DOL regularly updates the notice to reflect any changes to the list of states offering premium assistance programs. The latest updated notice includes changes to the program contact information compared to the previous January 31, 2021, version. [Model CHIP Notice >>](#)

Provisions ending December 31, 2021 for FSA Plans:

The temporary relief related to COVID-19 that was issued by the Consolidated Appropriations Act (CAA) will be ending December 31, 2021, (unless revised by Congress after this publication). If you adopted any of the provisions allowed by the CAA in 2020 or 2021, several of those changes will not be allowed for plan ending December 31, 2021 or after. Below is a list of the provisions that will end if you elected to amend your plan to allow them. If you have any questions, or need clarification on any plan amendments that you currently have in place, contact your FSA or HSA Plan Administrator.

Provisions Ending 12/31/2021: (if adopted by your plan)

- Unlimited Carryover of FSA Funds
- Grace Period Extensions for FSAs
- Dependent Care FSA increase and reimbursement for expenses of children over age 13
- Mid-year election changes without a qualifying event

Changes to Coverage for COVID-19 Treatment

Due to the availability and effectiveness of the vaccine, many Idaho health plan administrators have announced changes to the coverage of treatment for COVID-19. Beginning January 1, 2022 – the following major Idaho health plan carriers will no longer waive the cost-sharing, including deductibles and coinsurance, for treatment of COVID-19, regardless of the member’s vaccination status. This applies to fully-insured group plans.

Effective Jan. 1, 2022:	Treatment for COVID-19:	Covered Testing*	Vaccine:
Regence BlueShield of Idaho	Member responsible for deductible, copay, and/or coinsurance.	Plan pays 100%	Plan pays 100%
Blue Cross of Idaho	Member responsible for deductible, copay, and/or coinsurance.	Plan pays 100%	Plan pays 100%
Pacific Source Health Plans	Member responsible for deductible, copay, and/or coinsurance.	Plan pays 100%	Plan pays 100%

*Testing and diagnosis for COVID-19 must be considered medically necessary and any tests/diagnosis for travel purposes are not covered. Please see your plan document for details on the types of tests that are covered by your plan.