

HOW TO FILE YOUR PCORI FEES 2024

The Affordable Care Act's PCORI fee, originally set to expire in October 2019, was extended through September 30, 2029, by the Further Consolidated Appropriations Act of 2020. The regulation imposes a fee on issuers of specified health insurance policies and plan sponsors of self-insured health plans to help fund the Patient Centered Outcomes Research Institute (PCORI).

The PCORI filing deadline is July 31, 2024.

Who pays the PCORI fee?

Fully Insured Plan with HRA or MERP: If your group plan is administered by E.D.I.S. and is enrolled in a fully insured HRA or MERP plan, both the insurance carrier **and** the plan sponsor pay for each **enrolled employee**.

Self-Funded Stop Loss Plan: If your group plan is administered by E.D.I.S. and is enrolled in the EDHP™ PPO, RBP, MVP, MEC, MEC Value, MEC+ or Hybrid plan, the plan sponsor pays for each **enrolled member**.

IMPORTANT NOTE: The insurance carrier is responsible for paying the PCORI fee on a fully insured plan. The employer is responsible for paying the fee on behalf of its self-insured plan, including the HRA or MERP.

How to report & pay the PCORI fee

Use IRS Form 720 to file and pay your PCORI fees. For plans that ended in the year 2023, use the chart to the right to calculate your fee.

The Form 720 is a quarterly federal excise tax form that is used to report and pay quarterly excise taxes. The Form 720 is filed annually to report and pay the PCORI fee no later than July 31st of the calendar year immediately following the last day of the policy year or plan year to which the fee applies.

Turn the page for step by step guidance.

Last Day of Plan Year	Fee Per Avg. Covered Life	Fee Due Date
January 31, 2023	\$3.00	July 31, 2024
February 28, 2023	\$3.00	July 31, 2024
March 31, 2023	\$3.00	July 31, 2024
April 30, 2023	\$3.00	July 31, 2024
May 31, 2023	\$3.00	July 31, 2024
June 30, 2023	\$3.00	July 31, 2024
July 31, 2023	\$3.00	July 31, 2024
August 30, 2023	\$3.00	July 31, 2024
September 30, 2023	\$3.00	July 31, 2024
October 31, 2022	\$3.22	July 31, 2024
November 30, 2022	\$3.22	July 31, 2024
December 31, 2022	\$3.22	July 31, 2024

PCORI FILING GUIDANCE

First, you will need to locate the average PCORI count on your E.D.I.S. monthly billing statement.

Group Ident	Coverage	Current Month	Past Due	Total Due
	Medical, Dental, Vision			
Subtotal:				
				Desired Target
				System Balance as of JANUARY
				Claims Paid (01/01/2024 - 01/31/2024)
				Payments Received (01/01/2024 - 01/31/2024)
				End of Day System Balance as of 01/31/2024
				Amount Due to Replenish Beginning System Balance
				Coverage
				Claims \$
				Total Due \$

Average PCORI Count

IMPORTANT MESSAGE

Employee: 27 Do not adjust for terminations and additions. Adjustments will appear on your
 Member: 31 next months statement. Please pay as billed.

*All Administration Fees, Premiums, and associated Fees will be applied prior to claims funding.
 You can access your billing, claims, benefit summaries and eligibility by visiting www.yourbenportal.com.*

Please include this with your payment

**BILLING SUMMARY
 FOR MARCH 2024**

Due Date: Upon Receipt

Invoice:

Amount Due:

Please remit to:

E.D.I.S.
 P.O. Box 7809
 Visalia, CA 93290

Account Number: Exp:

Cardholder's Name: CVC:

Billing Address: Signature

**Then start on the
 Form 720**

720

Form 720
 (Rev. March 2024)
 Department of the Treasury
 Internal Revenue Service

Quarterly Federal Excise Tax Return

See the Instructions for Form 720.

Go to www.irs.gov/Form720 for instructions and the latest information.

Check here if:
 Final return
 Address change

Name: Your Company Name
 Number, street, and room or suite no. (If you have a P.O. box, see the instructions.)
Company's Street Address
 City or town, state or province, country, and ZIP or foreign postal code
City, State, Zip

Quarter ending: June 2024
 Employer identification number: 55-5555555

STEP 1

At the top of Page 1, enter your company's information. You will list quarter ending as June 2024.

STEP 2

On Page 2, Part II, Line 133(b) Applicable Self-Insured Health Plans, in the column (a), enter your avg. employee count. In column (c) "Fee", enter your total fee owed. In "Tax" column, enter total fee owed again.

Part II						
IRS No.	Patient-Centered Outcomes Research Fee (see instructions)	(a) Avg. number of lives covered (see inst.)	(b) Rate for avg. covered life	(c) Fee (see instructions)	Tax	IRS No.
133	Specified health insurance policies				75.33	133
	(a) With a policy year ending before October 1, 2022		\$2.79			
	(b) With a policy year ending on or after October 1, 2022, and before October 1, 2023		\$3.00			
	Applicable self-insured health plans					
	(c) With a plan year ending before October 1, 2022	27	\$2.79	75.33		
	(d) With a plan year ending on or after October 1, 2022, and before October 1, 2023		\$3.00			

PCORI FILING GUIDANCE

STEP 3

On Page 2, Part II, Line 2 Total, enter the total fee owed again.

	Number of gallons	Rate	Tax	
64	Inland waterways fuel use tax		\$.29	64
125	LUST tax on inland waterways fuel use (see instructions)		.001	125
51	Section 40 fuels (see instructions)			51
117	Biodiesel sold as but not used as fuel			117
20	Floor stocks tax—Ozone-depleting chemicals. Attach Form 6627.			20
150	Repurchase of corporate stock. Attach Form 7208.			150
142	Sales of designated drugs during statutory periods.			142
2	Total. Add all amounts in Part II			\$ 75.33

Part III

3	Total tax. Add Part I, line 1, and Part II, line 2	3	75.33
4	Claims (see instructions; complete Schedule C)	4	
5	Deposits made for the quarter <input type="checkbox"/> Check here if you used the safe harbor rule to make your deposits.	5	
6	Overpayment from previous quarters	6	
7	Enter the amount from Form 720-X included on line 6, if any	7	
8	Add lines 5 and 6	8	
9	Add lines 4 and 8	9	
10	Balance Due. If line 3 is greater than line 9, enter the difference. Pay the full amount with the return (see instructions)	10	75.33
11	Overpayment. If line 9 is greater than line 3, enter the difference. Check if you want the overpayment: <input type="checkbox"/> Applied to your next return, or <input type="checkbox"/> Refunded to you.	11	

Third Party Designee Do you want to allow another person to discuss this return with the IRS (see instructions)? Yes. Complete the following. No

Designee name _____ Phone no. _____ Personal identification number (PIN) _____

Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your Signature _____ Date *12/31/24* Title *CEO*

Signature _____ Type or print name below signature. *Your Name* Telephone number *555-555-5555*

STEP 4

Part III, Line 3, enter the total fee owed. Enter the same number again on Line 10 "Balance Due". Then sign and date.

STEP 5

Page 8 Payment Voucher – Fill out Name, Address, Total Amount Owed, EIN and Highlight or Select "2nd Quarter".

Form 720-V Department of the Treasury Internal Revenue Service **Payment Voucher** Don't staple or attach this voucher to your payment. OMB No. 1545-0023 **2024**

1 Enter your employer identification number (EIN). See instructions.

2 Enter the amount of your payment. Make your check or money order payable to "United States Treasury." Dollars **75** Cents **33**

3 Tax Period
 1st Quarter 3rd Quarter
 2nd Quarter 4th Quarter

4 Enter your business name (individual name if sole proprietor).
Your Company Name
 Enter your address.
Company's Street Address
 City or town, state or province, country, and ZIP or foreign postal code
City, State, Zip

SUBMIT

Send pages 1,2 and Payment Voucher with payment (Payable to "United States Treasury").

Send to:
 Department of Treasury
 Internal Revenue Service
 Ogden, UT 84201-0009

PCORI Fee payments are due July 31, 2024.

E.D.I.S.
 EMPLOYER DRIVEN INSURANCE SERVICES

CUSTOMER SERVICE
 Mon. – Fri. 16am – 5pm pst
 888.886.7973
 www.employerdriven.com