ZYWAVE

Compliance Overview

2026 Health Plan Compliance Deadlines

Throughout the year, employers must comply with numerous reporting and disclosure requirements related to their group health plans. This Compliance Overview identifies key 2026 compliance deadlines for employer-sponsored group health plans. It also outlines group health plan notices employers must provide each year.

Some compliance deadlines summarized below are tied to a group health plan's plan year. For these requirements, the chart below shows the deadline that applies to calendar-year plans. For noncalendar-year plans, these deadlines will need to be adjusted to reflect each plan's specific plan year.

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 noncalendar-year basis, which may be consistent with the company's taxable year or with an insured plan's policy year.

2026 Compliance Deadlines

FEBRUARY			
Deadline	**Requirement**	**Applicability**	**Description**
Feb. 2, 2026	**Report health plan costs on Form W-2.**	Employers that filed **250 or more** IRS Forms W-2 for the prior calendar year	Employers must file Forms W-2 with the Social Security Administration and furnish them to employees by Feb. 2, 2026. The due date is normally Jan. 31. However, because the due date falls on a weekend in 2026, the forms must be filed by the next business day, which is Feb. 2. 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.

MARCH			
Deadline	**Requirement**	**Applicability**	**Description**
March 1, 2026 **Calendar-year plans*	**Submit Medicare Part D disclosure to the CMS.**	Group health plans that provide prescription drug coverage to individuals who are eligible for Medicare Part D	Group health plan sponsors that provide prescription drug coverage to Medicare Part D-eligible individuals must disclose to the Centers for Medicare and Medicaid Services (CMS) whether prescription drug coverage is creditable or noncreditable. Employers must make the disclosure annually and at other select times using CMS' online disclosure form. Employers must submit the annual disclosure to CMS within 60 days after the beginning of the plan year. For calendar-year plans, this deadline is March 1, 2026.
March 2, 2026	**Notify employees about the availability of ACA Form 1095-C** *(or automatically furnish these statements).*	Employers that are ALEs	ALEs must post a clear, conspicuous and reasonably accessible notice on their websites by March 2, 2026, stating that employees may receive a copy of their individual coverage statement (Form 1095-C) upon request. This notice must remain posted through **Oct. 15, 2026.** In general, requests must be fulfilled within **30 days** after the date of the request. Instead of posting the notice and providing Forms 1095-C upon request only, ALEs may **automatically furnish statements** to employees by March 2, 2026.
March 2, 2026	**Notify employees about the availability of ACA Form 1095-B** *(or automatically furnish these statements).*	Employers that are not ALEs and have self-insured health plans	Non-ALEs with self-insured health plans must post a clear, conspicuous and reasonably accessible notice on their websites by March 2, 2026, stating that employees may receive a copy of their individual coverage statement (Form 1095-B) upon request. This notice must remain posted through **Oct. 15, 2026.** In general, requests must be fulfilled within **30 days** after the date of the request. Instead of posting the notice and providing Forms 1095-B upon request only, non-ALEs with self-insured plans may **automatically furnish statements** to employees by March 2, 2026.
March 31, 2026	**Electronically file ACA Forms 1094-C and 1095-C.**	Employers that are ALEs	ALEs must file Forms 1094-C and 1095-C with the IRS by March 31, 2026. Employers may request an automatic 30-day extension by filing Form 8809 by the filing due date. Virtually all employers subject to ACA reporting are required to file their returns electronically. Paper filing is an option only for very small employers (i.e., employers that file fewer than 10 information returns during the year). Paper forms must be filed each year by Feb. 28. However, because the paper filing deadline falls on a weekend in 2026, it is extended to the next business day, which is March 2, 2026.
March 31, 2026	**Electronically file ACA Forms 1094-B and 1094-C.**	Employers that are not ALEs and have self-insured health plans	Non-ALEs with self-insured health plans must file forms 1094-B and 1095-B with the IRS by March 31, 2026. The electronic filing deadline is March 31 each year. Employers may request an automatic 30-day extension by filing Form 8809 by the filing due date. Virtually all employers subject to ACA reporting are required to file their returns electronically. Paper filing is an option only for

			very small employers (i.e., employers that file fewer than 10 information returns during the year). Paper forms must be filed each year by Feb. 28. However, because the paper filing deadline falls on a weekend in 2026, it is extended to the next business day, which is March 2, 2026.
JUNE			
Deadline	**Requirement**	**Applicability**	**Description**
June 1, 2026	**Submit the prescription drug data collection report.**	Group health plans	Health plans and health insurance issuers must report information about prescription drugs and health care spending to the federal government annually. This reporting process is referred to as the prescription drug data collection (RxDC) report. The annual deadline is June 1, which means the RxDC report is due by June 1, 2026, covering data for the year 2025. Most employers will rely on third parties, such as issuers, third-party administrators (TPAs), and pharmacy benefit managers, to prepare and submit the RxDC report for their health plans.
JULY			
Deadline	**Requirement**	**Applicability**	**Description**
July 31, 2026	**Report and pay PCORI fee.**	Employers with self-insured health plans	Employers with self-insured health plans must pay an annual fee to fund the Patient-Centered Outcomes Research Institute (PCORI). Employers use IRS Form 720 to report and pay PCORI fees, which are due by July 31 of each year.
July 31, 2026 **Calendar-year plans*	**File Form 5500** *(regular deadline).*	ERISA-covered group health plans that do not qualify for the small plan exemption	Employers with ERISA-covered welfare benefit plans are required to file an annual Form 5500 unless a reporting exemption applies. Form 5500 must be filed by the last day of the seventh month following the end of the plan year. For calendar-year plans, this deadline is July 31. An employer may request an automatic one-time extension of 2.5 months by filing IRS Form 5558 by the normal due date of Form 5500. Small health plans (fewer than 100 participants) that are fully insured, unfunded or a combination of insured/unfunded are generally exempt from the Form 5500 filing requirement.
SEPTEMBER			
Deadline	**Requirement**	**Applicability**	**Description**
Sept. 30, 2026	**Watch for MLR rebates.**	Employers with fully insured health plans	Employers with insured health plans may receive rebates if their issuers do not meet their applicable medical loss ratio (MLR) percentage. Rebates must be provided to plan sponsors by Sept. 30, following the end of the MLR reporting year. Employers that receive rebates should consider their legal options for using the rebate. Any rebate amount that qualifies as a plan asset under ERISA must be used for the exclusive benefit of the plan's participants and beneficiaries. Also, as a general rule, employers should use the plan

			asset portion of the rebate within three months of receiving it to avoid ERISA's trust requirements.
Sept. 30, 2026 **Calendar-year plans*	**Provide a SAR** *(regular deadline).*	Group health plans that are subject to the Form 5500 filing requirement (and have not extended the Form 5500 deadline)	Employers that file a Form 5500 must provide participants with a summary of the information in Form 5500, which is called a summary annual report (SAR). The SAR must be provided within nine months of the close of the plan year. For calendar-year plans, this deadline is Sept. 30. If an extension of time to file Form 5500 is obtained, the plan administrator must furnish the SAR within two months after the close of the extension period. Plans exempt from the annual 5500 filing requirement are not required to provide a SAR. Large, completely unfunded health plans are also generally exempt from the SAR requirement.
OCTOBER			
Deadline	**Requirement**	**Applicability**	**Description**
Oct. 3, 2026 **Calendar-year plans*	**Provide ICHRA notice for 2027 plan year.**	Employers that sponsor ICHRAs	Employers that offer individual coverage health reimbursement arrangements (ICHRAs) must provide a notice to eligible employees regarding the ICHRA's coverage. This notice must be provided at least 90 days before the start of each plan year. For ICHRAs that operate on a calendar year basis, this notice must be provided by Oct. 3, 2026, for the upcoming 2027 plan year. A model notice is available for employers to use.
Oct. 3, 2026 **Calendar-year plans*	**Provide QSEHRA notice for 2027 plan year.**	Employers that sponsor QSEHRAs	Employers that offer qualified small employer health reimbursement arrangements (QSEHRAs) must provide a notice to eligible employees regarding the QSEHRA's coverage. This notice must be provided at least 90 days before the beginning of each plan year. For QSEHRAs that operate on a calendar-year basis, this notice must be provided by Oct. 3, 2026, for the upcoming 2027 plan year.
Oct. 14, 2026	**Provide Medicare Part D notices.**	Group health plans that provide prescription drug coverage to individuals eligible for Medicare Part D	Employers with group health plans that provide prescription drug coverage must notify Medicare Part D-eligible individuals by Oct. 14 of each year about whether the drug coverage is at least as good as Medicare Part D coverage (in other words, whether their prescription drug coverage is "creditable" or "noncreditable"). Model disclosure notices are available on this CMS website.
Oct. 15, 2026 **Calendar-year plans*	**File Form 5500** *(extended deadline).*	ERISA-covered group health plans that do not qualify for the small plan exemption (and have timely requested an extension to the filing deadline)	Employers with ERISA-covered welfare benefit plans are required to file an annual Form 5500 unless a reporting exemption applies. Form 5500 must be filed by the last day of the seventh month following the end of the plan year. However, an employer may request an automatic one-time extension of 2.5 months by filing IRS Form 5558 by the normal due date of Form 5500. For calendar-year plans, this extended deadline is Oct. 15, 2026.

DECEMBER			
Deadline	**Requirement**	**Applicability**	**Description**
Dec. 15, 2026 **Calendar-year plans*	**Provide SAR** *(extended deadline).*	Group health plans that are subject to the Form 5500 filing requirement (if the Form 5500 deadline was extended)	Employers that file a Form 5500 must provide participants with a summary of the information in Form 5500, called an SAR. The plan administrator generally must provide the SAR within nine months of the close of the plan year. If an extension of time to file Form 5500 is obtained, the plan administrator must furnish the SAR within two months after the close of the extension period. For calendar-year plans, this extended deadline is Dec. 15, 2026. Plans exempt from the annual 5500 filing requirement are not required to provide an SAR. Large, completely unfunded health plans are also generally exempt from the SAR requirement.
Dec. 31, 2026	**Submit gag clause attestation.**	Group health plans	A federal transparency law requires health plans and health insurance issuers to submit attestations of compliance with the prohibition on gag clauses by Dec. 31 each year. Plans and issuers submit their attestations through this CMS website. If the issuer for a fully insured health plan provides the attestation, the plan does not also need to provide an attestation. Employers with self-insured health plans can enter into written agreements with their TPAs to provide the attestation, but the legal responsibility remains with the health plan.

Annual Notices

Notice	Applicability	Description
SBC	Group health plans and health insurance issuers	Group health plans and health insurance issuers are required to provide a Summary of Benefits and Coverage (SBC) to applicants and enrollees each year at open enrollment or renewal time. The issuer for fully insured plans usually prepares the SBC. If the issuer prepares the SBC, an employer is not also required to prepare an SBC for the health plan, although the employer may need to distribute the SBC prepared by the issuer. Federal agencies have provided a template for the SBC, which health plans and issuers are required to use.
WHCRA notice	Group health plans that provide medical and surgical benefits for mastectomies	Group health plans must provide a notice about the coverage requirements of the Women's Health and Cancer Rights Act (WHCRA) at the time of enrollment and on an annual basis after enrollment. The annual WHCRA notice can be provided at any time during the year. Employers often include the annual notice with their open enrollment materials. Employers that redistribute their Summary Plan Descriptions (SPDs) each year can satisfy the annual notice requirement by including the WHCRA notice in their SPDs. Model language is available in the U.S. Department of Labor's (DOL) compliance assistance guide.
CHIP notice	Group health plans that cover residents in a	If an employer's group health plan covers residents in a state that provides a premium subsidy under a Medicaid plan or Children's Health Insurance Program

Notice	Applicability	Description
	state that provides a premium assistance subsidy under a Medicaid plan or CHIP	(CHIP), the employer must send an annual notice about the available assistance to all employees residing in that state. The DOL has a model notice employers may use. The annual CHIP notice can be provided at any time during the year. Employers often provide the CHIP notice with their open enrollment materials.
SPD	Group health plans subject to ERISA	An SPD must be provided to new health plan participants within 90 days of the start of their plan coverage. Employers may include the SPD in their open enrollment materials to make sure employees who newly enroll receive the SPD on a timely basis. Also, an employer should include the SPD with its enrollment materials if it includes notices required to be provided at the time of enrollment, such as the WHCRA notice. Additionally, an updated SPD must be provided to participants at least every five years if any material modifications have been made during that period. If no material modifications have been made, an updated SPD must be provided at least every 10 years.
SMM	Group health plans subject to ERISA	Under ERISA, a Summary of Material Modifications (SMM) must be provided when there is a material change in the terms of the plan or any change in the information required to be in the SPD. As a general rule, the plan sponsor must provide the SMM within 210 days after the close of the plan year in which the change was adopted. A shorter deadline may apply in some circumstances, depending on the nature of the modification or change. If the change is a material reduction in group health plan benefits or services, the deadline for providing the SMM is 60 days after the change is adopted. Also, employers must provide 60 days' advance notice of any material modification to plan terms or coverage that takes effect mid-plan year and affects the content of the plan's SBC. The 60-day notice can be provided to participants through an updated SBC or by issuing an SMM. When plan changes take effect at the beginning of the upcoming plan year, employers may decide to include the SMMs in their open enrollment materials.
COBRA General Notice	Group health plans subject to COBRA	Group health plans must provide a written General Notice of COBRA Rights to covered employees within 90 days after their health plan coverage begins. Employers may include the General Notice in their open enrollment materials to ensure that employees who newly enroll during open enrollment receive the notice on a timely basis. The DOL has a COBRA Model General Notice that can be used by group health plans to meet their notice obligations.
Grandfathered plan notice	Health plans that have grandfathered status under the ACA	To maintain a plan's grandfathered status, the plan sponsor or issuer must include a statement of the plan's grandfathered status in plan materials provided to participants describing the plan's benefits (such as the SPD and open enrollment materials). The DOL has provided a model notice for grandfathered plans.
Notice of patient protections	Group health plans that require the designation of a participating primary care provider	If a health plan requires participants to designate a participating primary care provider, the plan or issuer must provide a notice of patient protections whenever the SPD or similar description of benefits is provided to a participant. This notice is often included in the SPD or benefits booklet provided by the issuer (or otherwise

Notice	Applicability	Description
		provided with enrollment materials). The DOL has provided a model notice of patient protections for plans and issuers to use.
HIPAA privacy notice	Self-insured group health plans	The HIPAA Privacy Rule requires self-insured health plans to maintain and provide their own privacy notices. Special rules, however, apply for fully insured plans. Under these rules, the health insurance issuer, not the health plan itself, is primarily responsible for the privacy notice. Self-insured health plans are required to send the privacy notice at certain times, including to new enrollees at the time of enrollment. Thus, the privacy notice should be provided with the plan's open enrollment materials. Additionally, at least once every three years, health plans must either update the privacy notice or notify participants that the notice is available and explain how to obtain a copy. The U.S. Department of Health and Human Services provides model privacy notices for health plans to choose from.
HIPAA special enrollment notice	All group health plans	At or prior to the time of enrollment, a group health plan must provide each eligible employee with a notice of their special enrollment rights under HIPAA. This notice should be included with the plan's enrollment materials. It is often included in the health plan's SPD or insurance booklet.
Wellness notice—HIPAA	Group health plans with health-contingent wellness programs	Employers with health-contingent wellness programs must provide a notice informing employees of an alternative way to qualify for the program's reward. This notice must be included in all plan materials that describe the terms of the wellness program. If wellness program materials are being distributed at open enrollment (or renewal time), the notice should be included with those materials. Sample language is available in the DOL's compliance assistance guide.
Wellness notice—ADA	Wellness programs that collect health information or include medical exams	To comply with the Americans with Disabilities Act (ADA), wellness plans that collect health information or involve medical exams must provide a notice to employees that explains how the information will be used, collected and kept confidential. Employees must receive this notice before providing any health information and with enough time to decide whether to participate in the program. Employers implementing a wellness program for the upcoming plan year should include this notice in their open enrollment materials. The Equal Employment Opportunity Commission has provided a sample notice for employers to use.