Benefits BULLETIN

2026 Group Health Plan Compliance Calendar

• November 2025 •

Employers must comply with certain filing and disclosure requirements each year in connection with their group health plans. This chart summarizes some of the key requirements and is designed to be used as a tool to help facilitate annual compliance.

Deadline	Requirement	Applicability	Description
2/1	**Form W-2 Cost of Coverage Reporting**	Employers that filed 250 or more W-2s in the prior calendar year	Report the cost of employer-sponsored health coverage in Box 12 using Code DD.
3/2*	**Medicare Part D Reporting to CMS**	All group health plans offering Rx coverage	Within 60 days after the beginning of each plan year, employers must report to CMS whether the plan's prescription drug coverage is creditable (has the same or higher actuarial value as Medicare Part D). The filing is electronic and available on the CMS website.
3/2	**Forms 1095-B and/or 1095-C to Employees and Covered Individuals**	Applicable Large Employers (ALEs) and self-insured employers	Each year, ALEs and sponsors of self-insured health plans must provide information about health plan coverage to their full-time employees and/or covered individuals using IRS Form 1095-B or 1095-C. The IRS provides employers with a simplified method of satisfying this distribution requirement by properly and timely notifying employees that the forms are avaliable upon request.

*For calendar year plans

Deadline	Requirement	Applicability	Description
3/31	**Forms 1094-B/C & Forms 1095-B/C** **Filed with the IRS**	Applicable Large Employers (ALEs) and self-insured employers	ALEs must file with the IRS the Forms 1095-C provided to employees along with a 1094-C transmittal form. Non-ALEs that sponsor a self-insured health plan must file with the IRS the Forms 1095-B provided to covered individuals along with a 1094-B transmittal form. The forms must be filed electronically.
6/1	**Prescription Drug Reporting**	All group health plans	Submit Rx data from the previous calendar year (referred to as the "reference year"). The report due in 2026 will contain information from the reference year 2025.
7/31	**PCORI Fee**	Self-insured plans, including HRAs	Self-insured group health plan sponsors must calculate, report, and pay an annual fee to fund the Patient Centered Outcomes Research Institute (PCORI) using IRS Form 720. The fee is due July 31 each year through 2029. HRAs offered in conjunction with fully insured group medical plans are subject to the fee.
7/31 **(10/15 with extension)***	**Form 5500**	ERISA plans with 100 or more participants at the beginning of the plan year, and ERISA plans that are "funded"	The Form 5500 must be filed with the DOL by the last day of the 7th month after the plan year ends. A 2½-month extension can be obtained by filing Form 5558 before the return is otherwise due.
9/30 **(12/15 with extension)***	**Summary Annual Report (SAR)**	Fully insured plans filing a Form 5500	The SAR is a short statement concerning the financial condition of the plan. It must be furnished to participants within nine months after the plan year ends or two months after the due date for the Form 5500 filing if an

*For calendar year plans

Deadline	Requirement	Applicability	Description
			extension is obtained. A SAR is generally only applicable to fully insured plans that are subject to the Form 5500 filing requirement.
10/14	**Medicare Part D Notice of Creditable Coverage**	Employers offering Rx coverage	The notice is required to be furnished to all participants who are Medicare Part D eligible individuals. The notice is to be furnished annually *"prior to"* Medicare's open enrollment period which begins on October 15. The notice discloses whether the employer's prescription drug coverage is creditable. If the coverage is not creditable and they do not enroll, they will pay a permanently higher premium for Medicare Part D coverage upon later enrollment. CMS Model Notices
12/31	**Gag Clause Attestation**	All group health plans	Group health plans must annually attest to their compliance with the CAA's gag clause prohibition, which prevents plans from entering into agreements with providers that would restrict the sharing of cost or quality information and claims data. Attestations are submitted electronically through CMS's HIOS. Insurers and TPAs may agree to submit this attestation on behalf of a group health plan.

*For calendar year plans

ADDITIONAL RESOURCES

2026 Open Enrollment Checklist

Checklist for Self-Funded Group Health Plans