

Compliance Overview

Midyear Compliance: Key Disclosure Deadlines for Group Health Plans

As the calendar year progresses, employers that sponsor group health plans should take steps to stay ahead of key midyear compliance obligations. Federal reporting and disclosure requirements under laws such as the Employee Retirement Income Security Act (ERISA), the Consolidated Omnibus Budget Reconciliation Act (COBRA) and the No Surprises Act must be addressed during the spring and summer months to avoid potential penalties and ensure participants receive required information.

REQUIREMENT	DESCRIPTION	DEADLINE
Summary Plan Description (SPD) <i>(Newly enrolled participants)</i>	ERISA-covered group health plans must provide an SPD to new participants within 90 days of when an employee first becomes covered under the plan. For calendar-year plans, this means that employees who first enrolled effective Jan. 1 must receive their SPDs by April 1. (Note that the SPD must include certain required federal notices if applicable, such as the Newborns' and Mothers' Health Protection Act notice and the Notice of Patient Protections.)	April 1, 2026
COBRA General Notice <i>(Newly enrolled participants)</i>	Group health plans subject to COBRA must provide a General Notice of COBRA rights to each covered employee (and to each covered spouse, if applicable) within 90 days of coverage beginning (April 1 for calendar-year plans).	April 1, 2026
Prescription Drug Data Collection (RxDC) Reporting	Group health plans and issuers must annually submit prescription drug and health care spending data to the Centers for Medicare and Medicaid Services. This reporting process is referred to as the RxDC report. Most employers will rely on third parties, such as issuers, third-party administrators or pharmacy benefit managers, to prepare and submit the RxDC report for their health plans.	June 1, 2026

Provided by **Benefits Alliance Insurance Services, LLC**

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REQUIREMENT	DESCRIPTION	DEADLINE
Form 5500 Annual Return/Report <i>(Small plans are exempt if they are unfunded, fully insured or a combination of both)</i>	<p>Each year, employers must file an annual report with the Department of Labor for their ERISA-covered group health plans. Welfare benefit plans are exempt from the Form 5500 filing requirement if they are unfunded or fully insured (or a combination of unfunded and insured) and have fewer than 100 plan participants.</p> <p>For calendar-year plans, the normal filing deadline is July 31. Employers may request a one-time extension of 2.5 months by filing IRS Form 5558 by the normal due date of the Form 5500.</p>	July 31, 2026
PCORI Fees <i>(Self-insured plans only, including HRAs)</i>	<p>Employers with self-insured health plans must pay a fee to fund the Patient Centered Outcomes Research Institute (PCORI). Self-insured health plans that are subject to PCORI fees include self-funded medical plans, as well as health reimbursement arrangements (HRAs) that are offered in conjunction with fully insured group medical plans. HRAs that are offered with self-insured group medical plans are not subject to separate PCORI fees if both the HRA and the self-insured medical plan have the same plan sponsor and the same plan year.</p> <p>Employers must file IRS Form 720 to report and pay PCORI fees each year, no later than July 31 of the year following the last day of the plan year.</p>	July 31, 2026

In addition to the deadlines above, midyear is a good time for employers to review recordkeeping processes, evaluate plan vendor reporting support, and confirm that all participant disclosures required at enrollment or on an ongoing basis have been properly provided.