

## January

### 01/31/25 Report Health Plan Costs on Form W-2

Employers (ERs) who filed 250+ W-2s for the previous calendar year must [report health plan costs](#) to the Social Security Administration and furnish forms to employees (EEs). The requirement is optional for ERs with fewer than 250 W-2's.

### Form 1095-B or Form 1095-C Individual Statements for EEs (by letter of 1/31 or 30 days post request)

Plan sponsors (and health insurance providers for fully insured plans) are no longer required to furnish paper Forms to all full-time EEs & covered individuals. These Forms may be *sent in response to an EE/covered individual's request* if the ER provides a prior notice to EEs of this option & their right to request a paper Form. A good faith interpretation of notice content may suffice. An ER may post the notice & furnish statements electronically on their website by posting a *clear and conspicuous notice* & securing *prior affirmative consent from the individual before furnishing electronically*.

## February

### 02/28/25 File Forms 1094/1095-B or 1094/1095-C with IRS (paper filing)

The ACA requires ERs to (1) file [Form 1094-B](#) and [Form 1095-B](#) if the ER is a non-ALE\* that sponsors a self-insured Group Health Plan (Plan); or (2) file [Form 1094-C](#) and [Form 1095-C](#) if the ER is self-insured, regardless of ER size.

ERs may request an automatic 30-day extension by filing [Form 8809](#) by the due date. \*ALE is Applicable Large Employer and includes ERs with fewer than 50 EEs in the previous calendar year.

## March

### 03/01/25 File Form M-1 (if a Multiple Employer Welfare Arrangement – MEWA)

ERISA requires administrators of MEWAs that offer medical benefits to [electronically file Form M-1](#) with the U.S. Department of Labor (DOL) annually. A 60-day automatic extension may be requested.

### 03/02/25 File Medicare Part D Creditable Coverage Form

ERs must [electronically submit via CMS' website](#) the [Medicare Part D Online Disclosure Form](#) indicating whether the Plan's prescription (Rx) drug coverage is creditable.

### 03/02/25 File HIPAA Breach Report

[Covered Entities](#) who experienced [unsecured breaches of Protected Health Information \(PHI\)](#) for fewer than 500 participants in a calendar year must submit within 60 days of the end of the calendar year a report [via HHS' OCR website](#). Breaches by a Covered Entity affecting more than 500 persons must submit the report within 60 days from the discovery of the breach of unsecured PHI.

### 03/31/25 File Forms 1094/1095-B or 1094/1095-C with IRS (electronic filing)

The ACA requires *non-ALEs with self-insured Plans* to file [Forms 1094-B](#) and [1095-B](#); or *ALEs with either fully insured or self-insured Plans* to file [Forms 1094-C](#) and [1095-C](#) with the IRS.

## June

### 06/01/25 Prescription Drug & Healthcare Spending (RxDC) Report

Plans & issuers, via CMS' website, [must annually file](#) the RxDC Report by June 1.

### 09/01/25 Broker Compensation Disclosures

Covered Providers are [required to disclose](#) (upon renewal & reasonably in advance of contracts or arrangements) direct and indirect compensation if expected to receive a minimum of \$1,000.

## July

### 07/31/25 PCORI Fee Due

Self-insured Plans must electronically report to the IRS and pay the fee. Plans complete [Form 720](#) to report and pay the annual fee using the form for the quarter ending June 30.

### 07/31/25 File Form 5500 & [Summary Annual Report \(SAR\)](#) (1/1 Plan years only)

Plans that do not qualify for a *Small Plan*\* exemption must electronically file (via [eFAST2](#)) [Form 5500](#) by *the last day of the seventh month following the end of the Plan year*. A one-time automatic extension of 2.5 months is permitted via filing [Form 5558](#). *Small Plans* that are fully insured, unfunded, or a combination of insured & unfunded are generally exempt from the Form 5500 filing requirement. \**Small Plans have fewer than 100 participants*.

## September

### Distribute Required Plan Notices

ERs often choose to distribute required Plan notices during open enrollment. Don't forget the newly required notice for Fixed Indemnity Plans offered by group health plans. Review the Notice page for details.

### 09/30/25 Distribute Medical Loss Ratio (MLR) Rebates

Fully insured Plans are eligible to receive rebates if their issuers did not meet their [MLR percentage](#). Plans should use the rebate within three months of receiving it to avoid ERISA's trust requirements.

### 09/30/25 Distribute Summary Annual Report (SAR) to Plan participants (1/1 Plan years only)

Plans subject to filing Form 5500 must provide a SAR to participants within 9 months of the end of the Plan year. Sample templates: Plan years [beginning 2022 and earlier](#). Plan years [beginning 2023 and later](#).

## October

### 10/01/25 Post Transparency in Coverage's Machine-Readable File & Price Comparison Tools

Under the TiC, ERs must post an [internet-based file](#) & a [price comparison tool](#) on a website accessible by employees.

### 10/03/25 Furnish Individual Coverage & QSEHRA Health Reimbursement Arrangement Notice(s)

ERs who offer [ICHRAs](#) & [QSEHRAs](#) must provide a notice to eligible EEs 90 days before the beginning of each Plan year.

### 10/03/25 Apply for the Retiree Rx Drug Subsidy (RDS)

The [RDS](#) is available to certain ERs covering retirees entitled to Medicare Part D, but who elect not to enroll. Apply to CMS prior to the beginning of the Plan year; deadline may be extended with CMS approval.

### 10/15/25 Distribute Medicare Part D Notices

Notify Medicare Part D eligible individuals as to whether the Plan's Rx drug coverage is creditable. Visit CMS' website for [Model Notices](#).

### 10/15/25 File Form 5500 Extended Deadline

Electronically file [Form 5500](#) with the DOL via [eFAST2](#) if the ER applied for the automatic 2.5 month filing extension.

## December

### Nondiscrimination Testing & Mental Health Parity Addiction & Equity Act Comparative Analysis

ERs offering Cafeteria Plans must annually test & pass Sections 105(h), 125, & 129 [nondiscrimination testing](#) (as applicable). Calendar year Plans often test after open enrollment. Most plans must also complete MHPAEA testing; [self-assessment here](#).

### 12/15/25 Furnish Summary Annual Report (SAR) Extended Deadline

ERs required to file a Form 5500 must provide participants with a summary of Form 5500 data, i.e., the SAR.

### 12/31/25 Submit Gag Clause Prohibition Compliance Attestation

Plans & issuers are required to attest that they have not entered into contracts or agreements containing restrictive language regarding cost and quality of care data. [Complete the annual attestation form](#) via CMS' website.

Plans must provide notices to employees upon hire, annually, or upon certain events. Providing these at Open Enrollment (OE) saves on administrative costs & assists with employee education. For calendar-year Plans, OE typically occurs annually from September - December. This [Model Notice Appendix](#) contains sample language for customizable notices. *This list, combined with tasks above, includes standard Plan notices.*

### Children's Health Insurance Program (CHIP) Notice

For Plans that cover residents in states that provide premium assistance subsidies under a Medicaid Plan or CHIP. May provide anytime throughout year, but at least annually.

Annually?	At Hiring?
Must	

### Initial COBRA Notice

For Plans subject to COBRA, a written notice of COBRA rights must be provided within 90 days of Plan enrollment.

Annually?	At Hiring?
	Must

### ACA - Grandfathered Plan Status & Exchange Notices

Plans with Grandfathered status must include a statement of its status when it provides detailed Plan benefits. Employers must provide all new hires [written notice about the health Marketplace](#).

Annually?	At Hiring?
Must	

### HIPAA: Privacy Rule: Notice of Privacy Practices (NPP)

Plans must provide the NPP to satisfy the HIPAA Privacy Rule. Issuers distribute for fully insured Plans; self-funded Plans must create & distribute. [Read here](#) for additional timing rules.

Annually?	At Hiring?
	Must

### HIPAA: Special Enrollment Notice

Before or during enrollment, Plans must provide participants a notice of their special enrollment rights. This notice may be included within the SPD or insurance booklet.

Annually?	At Hiring?
	Must

### Notice of Patient Protections Against Surprise Billing

For Plans that require the designation of a Primary Care Physician (PCP), the Plan or issuer must provide the notice when the SPD is provided.

Annually?	At Hiring?
Must	Must

### Summary of Benefits and Coverage (SBC)

An [easy-to-understand summary](#) of Plan coverage with a uniform glossary. For fully insured Plans, the issuer prepares the SBC; the employer may still need to distribute it and ensure the Plan contact name and address are correct. Distribute when an employee is eligible for the Plan, and at open enrollment or renewal.

Annually?	At Hiring?
Must	Must

### Summary of Material Modifications (SMM)

A [SMM](#) is provided when there is a material change in Plan terms or regulations require a change to the SPD. Provide the SMM within 210 days after the close of the Plan year in which the change was adopted. If there is a material reduction in Plan benefits or services, the deadline to provide the SMM is within 60 days after adoption of the change. Notify participants ASAP when Plan benefits change. The format of the SMM may be varied, if it outlines changes.

Annually?	At Hiring?

### Summary Plan Description (SPD)

A [SPD](#) must be provided by Plans to new participants within 90 days of start of coverage. May include in open enrollment materials. Must be provided every 5 years if material modifications have been made; if none, every 10 years. SPDs are often referred to as "Wrap Docs" because they *wrap around* insurance booklets and contain Plan data missing from Certs. of Coverage.

Annually?	At Hiring?
May	Must

### Women's Health and Cancer Rights Act (WHCRA) Notice

Plans that provide medical & surgical benefits for mastectomies must distribute. May share anytime throughout year. May be cost effective to include language in Plan materials at OE.

Annually?	At Hiring?
Must	

### Wellness Notice - HIPAA

For Plans with health-contingent wellness programs: provide a notice of an alternative method to earn the annual program reward, i.e., a Reasonable Alternative Standard (RAS). Include the RAS in all Plan materials that describe the program *before* the program begins.

Annually?	At Hiring?
Must	

### Wellness Notice - ADA

Wellness programs that collect health data or include medical exams (including programs that exist outside a Plan) must provide a notice explaining how employee data will be collected, used, and protected. Provide to employees *before* any health data is collected, and with enough time for them to decide whether to participate. Include in open enrollment materials.

Annually?	At Hiring?
Must	