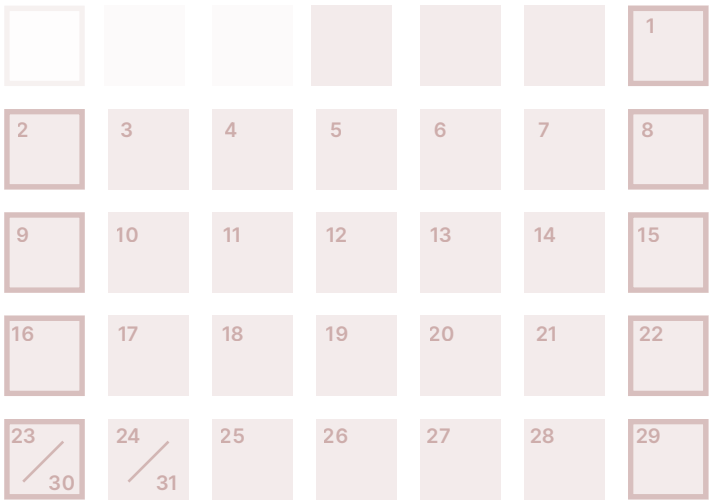
Compliance Tracker

2026

AUGUST



No key compliance deadlines for August 2026.

Getting Ready for Open Enrollment

Employers with calendar-year plans should start preparing for open enrollment for the plan year starting Jan. 1, 2027. This process should include reviewing your company's benefit offerings, working with vendors to make any benefit adjustments, updating benefit limits and contribution amounts for 2027, and preparing employee communications.

In addition, employers should consider providing the following benefit notices in connection with open enrollment:

- **Summary of Benefits and Coverage (SBC):** Group health plans and health insurance issuers are required to provide an SBC to applicants and enrollees each year at open enrollment or renewal time.
- **Children's Health Insurance Plan (CHIP) Annual Notice:** If an employer's group health plan covers residents in a state that provides a premium subsidy under a Medicaid plan or CHIP, it must send an annual notice about the available assistance to all employees residing in that state.
- **Summary Plan Description (SPD):** An SPD must be provided to new plan participants within 90 days after their health plan coverage begins.
- **COBRA General Notice:** Group health plans must provide a written General Notice of COBRA Rights to covered employees within 90 days after their health plan coverage begins.
- **HIPAA Privacy Notice (self-insured health plans only):** The HIPAA Privacy Rule requires self-insured health plans to maintain and provide their own privacy notices. Self-insured health plans are required to send the privacy notice at certain times, including at the time of enrollment to new enrollees.
- **Special Enrollment Rights Notice:** At or before enrollment, a group health plan must provide each eligible employee with a notice of their special enrollment rights under HIPAA. This notice is often included in the plan's SPD or benefits booklet provided by the issuer or third-party administrator (TPA).
- **Notice of Patient Protections:** 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 TPA.
- **Women's Health and Cancer Rights Act (WHCRA) Notice:** Group health plans must provide a notice about the WHCRA's coverage requirements at the time of enrollment and annually after enrollment. This notice is often included in the SPD or benefits booklet provided by the issuer or TPA.

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Upcoming Compliance Dates

Provide SAR to Plan Participants (Calendar-year Plans Only)
Sept. 30, 2026

Employers must provide a summary annual report (SAR) to plan participants by Sept. 30, 2026, for calendar-year plans if the employee benefit plan's Form 5500 deadline was not extended. The SAR must be provided within nine months of the close of the plan year unless the plan's Form 5500 deadline was extended. Plans exempt from the annual 5500 filing requirement are not required to provide an SAR. Unfunded welfare plans are also generally exempt from the SAR requirement.

Watch for MLR Rebates (Fully Insured Health Plans Only)
Sept. 30, 2026

Employers with insured health plans might receive rebates if their issuers did not meet their medical loss ratio (MLR) percentage for 2025. Rebates must be provided by Sept. 30 following the end of the MLR reporting year. Employers who 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.