Q3 Compliance: Key Disclosure Deadlines for Group Health Plans

TOWNE BENEFITS

With the second half of the year underway, employers that sponsor group health plans should take steps to stay ahead of key compliance obligations due in the coming months. Federal reporting and disclosure requirements under laws such as the Employee Retirement Income Security Act (ERISA) and the Affordable Care Act must be addressed during the summer and fall months to avoid potential penalties and ensure participants receive required information.

REQUIREMENT	DESCRIPTION	DEADLINE
Summary of Material Modifications (SMM) *(For plan changes that are not material reductions)*	ERISA-covered group health plans must provide an SMM to plan participants when there is a material change in the terms of the plan or any change in the information required to be in the summary plan description. As a general rule, plan sponsors must provide the SMM within 210 days after the close of the plan year in which the change was adopted. For calendar-year plans, this means the SMM must be provided by July 29. A shorter deadline applies when the change is a material reduction in group health plan benefits or services.	**July 29, 2026**
Form 5500 Annual Return/Report *(Small plans are exempt if they are unfunded, fully insured or a combination of both)*	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. 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.	**July 31, 2026**
PCORI Fees *(Self-insured plans only, including HRAs)*	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. 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. For plan years ending on or after Oct. 1, 2024, and before Oct. 1, 2025, the PCORI fee amount is $3.47. For plan years ending on or after Oct. 1, 2025, and before Oct. 1, 2026, the PCORI fee amount is $3.84.	**July 31, 2026**
Medical Loss Ratio (MLR) Rebates *(Not applicable to self-insured plans)*	Insurers must spend a minimum percentage of the money they receive from health insurance premiums on medical care and quality improvement activities. Insurers that do not meet their MLR for the year must issue rebates to employer-policyholders by Sept. 30 of each year. Employers that receive rebates must then distribute them to eligible plan enrollees as appropriate. In general, employers must use the plan asset portion of the rebate within three months of receiving it to avoid ERISA's trust requirement. Employers may distribute rebates to plan enrollees by several methods, including a rebate check in the mail, a lump-sum reimbursement to the same account used to pay the premium (if the premium was paid by credit or debit card), or a direct reduction in future premiums. Decisions on how to apply or expend the plan's portion of a rebate are subject to ERISA's general standards of fiduciary conduct.	**Sept. 30, 2026**
Summary Annual Report (SAR)	Plans must provide the SAR annually, within nine months after the end of the plan year (Sept. 30 for calendar-year plans).	**Sept. 30, 2026**

(Plans subject to Form 5500 annual reporting requirements)	When the IRS grants an extension of the due date for filing the Form 5500, the SAR must be provided within two months after the extended due date.	

In addition to the deadlines above, the second half of the year is a good time for employers to review recordkeeping processes, evaluate plan administration practices, and confirm that all participant disclosures required at enrollment or on an ongoing basis have been properly provided.