

Benefits BULLETIN



2027 Group Health Plan Compliance Calendar

● October 2026 ●

Employer-sponsors must comply with certain filing and disclosure requirements each year in connection with their group health plans. This chart summarizes some of the key federal 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 year	Employers must report the cost of employer-sponsored health coverage in Box 12 of Form W-2 using Code DD. This reporting is informational only.
3/2*	Medicare Part D Disclosure to CMS	All group health plans offering prescription drug coverage	Within 60 days after the beginning of each plan year, plan sponsors must disclose to the Centers for Medicare & Medicaid Services (CMS) whether the plan's prescription drug coverage is creditable. The disclosure is electronic and available on the CMS website .
3/2	Forms 1095-B and/or 1095-C to <u>Employees and Covered Individuals</u>	Applicable Large Employers (ALEs) and sponsors of self-insured coverage	Annually, ALEs and sponsors of self-insured health plans must satisfy Form 1095-B and/or 1095-C furnishing requirements. Forms may be furnished directly to employees and covered individuals, or only upon request if appropriate notice requirements are satisfied.

*For calendar year plans

This Benefits Bulletin is not intended to be exhaustive, it is for informational purposes only and should not be considered legal or tax advice. A qualified attorney or other appropriate professional should be consulted on all legal compliance matters.

Deadline	Requirement	Applicability	Description
3/31	Forms 1094-B/C & Forms 1095-B/C Filed with the IRS	ALEs and sponsors of self-insured coverage	ALEs must file with the IRS the Forms 1095-C along with a Form 1094-C transmittal form. Non-ALEs that sponsor a self-insured health plan must file with the IRS the Forms 1095-B along with a Form 1094-B transmittal form. Forms must generally be filed electronically.
6/1	Prescription Drug Data Collection Reporting	All group health plans	Plan sponsors must report prescription drug data from the previous calendar year (referred to as the "reference year"). The report due in 2027 will contain information from the reference year 2026. Reporting is completed online using CMS's Health Insurance Oversight System (HIOS). Insurers and TPAs may agree to submit this attestation on behalf of a group health plan.
8/2	PCORI Fee	Self-insured health 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 the June-revised IRS Form 720. The fee is due July 31 each year through 2029. HRAs offered alongside fully insured group medical plans are subject to the fee.
8/2* (10/15 with extension)	Form 5500	ERISA plans that either: cover 100 or more participants at the start of the plan year, or are "funded"	The Form 5500 must be filed with the U.S. Department of Labor 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.

*For calendar year plans

Deadline	Requirement	Applicability	Description
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 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	All group health plans offering prescription drug coverage	The notice discloses whether the plan's prescription drug coverage is creditable and it must be furnished to all participants who are Medicare Part D eligible individuals. The notice is to be furnished annually prior to Medicare's enrollment period, which begins October 15. This requirement can generally be satisfied by distributing the notice annually coinciding with the group health plan's open enrollment. CMS Model Notices are available for use.
12/31	Gag Clause Prohibition Compliance Attestation	All group health plans	Plan sponsors must annually attest to compliance with the gag clause prohibition, which prohibits 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.