



McGriff

A Marsh & McLennan Agency LLC Company

Employee Benefit Plan Reporting and Disclosure Guide

January 1 - December 31, 2025

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Managing Your Compliance Risks

Appropriate and timely disclosures to your employees reduce your risks and improve employee satisfaction with their benefit plans. Our Reporting and Disclosure Guide outlines many of your disclosure requirements relative to ERISA, COBRA, HIPAA, the ACA and other federal laws. The Reporting and Disclosure Guide looks at each requirement and summarizes:

- When action must be taken
- Who the requirement affects (e.g., recipients)
- The options for delivery
- The impact on Small Groups (e.g., groups with 50 or fewer employees)
- Whether the requirement affects government employers

Using our Reporting and Disclosure Guide and working with your McGriff Employee Benefits Consultants, you can identify whether you're taking the right steps needed to stay in compliance with the federal regulations discussed in this Guide.

Note: Hyperlinks within this document have been shortened for readability. They will be active if the Reporting and Disclosure Guide is viewed electronically.



ACA (Affordable Care Act)

IRS Forms 1095-B & 1094-B

Provided

When Must Action Be Taken <ul style="list-style-type: none"> Internal Revenue Code Section 6055 - Minimum Essential Coverage reporting obligation <ul style="list-style-type: none"> Applies to small employers that offer self-funded health coverage (Applicable Large Employers (ALEs) file Forms 1095-C and 1094-C) May also apply to fully-insured small employers with HRAs in certain instances Carrier files for fully-insured plans Form 1095-B due to employees/covered individuals: Mar. 3, 2025 Forms 1094-B and 1095-B due to IRS: Mar. 31, 2025 (or by Feb. 28, 2025, if filing by paper) (extension may be available by completing IRS Form 8809) 	Recipients <ul style="list-style-type: none"> Individuals enrolled in coverage (employees, former employees, non-employees): Form 1095-B IRS: Forms 1094-B and 1095-B 	Small Group² Yes*
	Delivery System¹ <ul style="list-style-type: none"> Individuals: U.S. Mail; hand delivery; electronic delivery with qualifying consent (Note: consent to electronic delivery of Form W-2 does not constitute consent to electronic delivery of Form 1095-B). Employers are no longer required to send Forms 1095-B to individuals unless requested and clear, conspicuous and accessible notice that they may request a statement is provided. If requested, form must be provided by later of Jan. 31 or 30 days after request. IRS: Electronic filing required if the entity files more than 10 aggregated IRS returns 	Govt. Employers³ Yes

* Yes, if health coverage is self-funded and, in certain instances, for HRAs; otherwise, carrier is responsible. For this purpose, a small employer is one who is not an ALE for a calendar year. ALE status is determined based on a specific calculation of whether the employer averaged at least 50 full-time employees (including full-time equivalent employees) on business days during the preceding calendar year. All controlled group members, affiliated service group members and entities under common control (ALE Members) are considered as a single employer (Aggregated ALE Group) in determining ALE status.

IRS Forms 1095-C & 1094-C

Provided

When Must Action Be Taken <ul style="list-style-type: none"> Internal Revenue Code Section 6056 - ALE reporting obligation Applies to single entity ALEs and to each ALE member in an Aggregated ALE Group <ul style="list-style-type: none"> Self-funded: complete all three parts of Form 1095-C (to satisfy reporting obligations under Sections 6055 and 6056 of the Code) Fully-insured: complete parts I and II of Form 1095-C (carrier responsible for 6055 reporting) Form 1095-C due to employees/covered individuals: Mar. 3, 2025 Forms 1094-C and 1095-C due to IRS: Mar. 31, 2025 (or by Feb. 28, 2025, if filing by paper) (extension may be available by completing IRS Form 8809) 	Recipients <ul style="list-style-type: none"> Individuals: Form 1095-C <ul style="list-style-type: none"> Employees or former employees who were full-time employees under one of the two permitted ACA measurement methods for one or more calendar months during the calendar year; and Even if not a full-time employee under the ACA, employees, former employees or non-employees who were enrolled in self-funded coverage offered by the employer on any day in the calendar year IRS: Forms 1094-C and 1095-C 	Small Group² No, if employer is not an ALE for the calendar year (see the definition of ALE in the Small Group footnote for IRS Forms 1095-B & 1094-B)
	Delivery System¹ <ul style="list-style-type: none"> Individuals: First-class mail; hand delivery; electronic delivery with qualifying consent (Note: consent to electronic delivery of Form W-2 does not constitute consent to electronic delivery of Form 1095-C). Employers are no longer required to send forms 1095-C to individuals unless requested and clear, conspicuous and accessible notice that they may request a statement is provided. If requested, form must be provided by later of Jan. 31 or 30 days after request. IRS: Electronic filing required if the entity files more than 10 aggregated IRS returns 	Govt. Employers³ Yes

Summary of Benefits and Coverage (SBC)

Provided

When Must Action Be Taken <ul style="list-style-type: none"> Upon Initial Enrollment <ul style="list-style-type: none"> Include as part of written application materials with summary for each benefit package option If there are no written enrollment materials, distribute by first date on which participant is eligible to enroll If SBC content changes during enrollment, updated SBC must be provided before first day of coverage Upon HIPAA Special Enrollment <ul style="list-style-type: none"> Within 90 days following enrollment Upon request by a participant, but not later than seven business days following receipt of request Annual Enrollment same as Initial Enrollment except: <ul style="list-style-type: none"> Only required to provide SBC for benefit package option in which participant is enrolled; and If automatic reenrollment, provide SBC no later than 30 days prior to first day of plan year (if insurance policy not issued 30 days in advance, provide no later than 7 days after policy issued) Exception: Does not apply to HIPAA-excepted benefits 	Recipients <ul style="list-style-type: none"> Employees eligible for coverage and beneficiaries including COBRA 	Small Group² Yes
	Delivery System¹ <ul style="list-style-type: none"> U.S. Mail Electronic delivery: <ol style="list-style-type: none"> Include in online enrollment; or If no online enrollment, electronic delivery is permitted as follows depending upon enrollment status of individual: <ul style="list-style-type: none"> Eligible but not enrolled: Electronic delivery that is "readily accessible" including internet posting if email or postcard is provided with information on how to access SBC; Enrolled: General (DOL) electronic delivery rules apply¹ 	Govt. Employers³ Yes

*SBC templates can be found here: <https://www.dol.gov/agencies/ebsa/laws-and-regulations/laws/affordable-care-act/for-employers-and-advisers/summary-of-benefits>

Advance Notice of Change to SBC Terms

Provided

When Must Action Be Taken <ul style="list-style-type: none"> • 60 days prior to the effective date of a material change to the terms of a plan that affects content of the SBC, other than in connection with the annual renewal of coverage 	Recipients Participants and beneficiaries receiving benefits including COBRA	Small Group² Yes	Govt. Employers³ Yes
	Delivery System¹ <ul style="list-style-type: none"> • U.S. Mail • Electronic delivery (see preceding SBC section on special rule for employees who are eligible but not enrolled) 		

Form W-2 Cost of Employer-Sponsored Health Coverage

Provided

When Must Action Be Taken <ul style="list-style-type: none"> • On or before Jan. 31 • Exception: Currently does not apply to employers who issued less than 250 W-2s in preceding calendar year 	Recipients Employees	Small Group² Yes, but currently only applies to employers who issued 250 W-2s in preceding calendar year	Govt. Employers³ Yes
	Delivery System¹ IRS delivery standards		

Patient-Centered Outcomes Research Trust Fund (PCORI) Fee

Provided

When Must Action Be Taken <ul style="list-style-type: none"> • Fee is due July 31 of each year for the plan year that ended in the prior calendar year (July 31, 2025 for plan years ending in calendar year 2024) • Fee applies to self-funded health plans (including level-funded plans and HRAs) for plan years ending after Oct. 1, 2012, and before Oct. 1, 2029; carriers remit fee for fully-insured plan • Fee is \$3.22 per covered life for plan years ending on or after Oct. 1, 2023 - Sept. 30, 2024 (including 2023 calendar year plans); fee is \$3.47 per covered life for plan years ending on or after Oct. 1 2024 - Sept. 30, 2025 (including 2024 calendar year plans) 			
Recipients IRS	Small Group² Yes*	Govt. Employers³ Yes*	Delivery System¹ IRS Form 720

* Yes, if health coverage is self-funded; otherwise, carrier is responsible for IRS Form 720 filing and required fee.

Exchange Notice

Provided

When Must Action Be Taken Notice must be provided to all newly hired employees within 14 days of start date			
Recipients All employees regardless of benefit eligibility/enrollment or part/full-time status <ul style="list-style-type: none"> • Model notice available at: https://www.dol.gov/agencies/ebsa/laws-and-regulations/laws/affordable-care-act/for-employers-and-advisers/coverage-options-notice 	Small Group² Yes	Govt. Employers³ Yes	Delivery System¹ <ul style="list-style-type: none"> • U.S. Mail • Electronic delivery • Hand delivery

Grandfathered Plan Status Notice

Provided

When Must Action Be Taken For as long as the plan remains grandfathered, whenever a summary of the benefits under the plan is provided to a participant or beneficiary (e.g., in SPDs or other summaries of coverage distributed upon initial eligibility, during an open enrollment period or upon other opportunities to enroll in, renew or change coverage)	Recipients Participants and beneficiaries receiving benefits including COBRA <ul style="list-style-type: none"> • Model notice available at: https://www.dol.gov/sites/dolgov/files/EBSA/laws-and-regulations/laws/affordable-care-act/for-employers-and-advisers/grandfathered-health-plans-model-notice.doc 	Small Group² Yes	Govt. Employers³ Yes
	Delivery System¹ <ul style="list-style-type: none"> • U.S. Mail • Electronic delivery • Hand delivery 		

Patient Protection Notice

Provided

When Must Action Be Taken	Recipients Participants and beneficiaries receiving benefits including COBRA • Model DOL notice available at https://www.dol.gov/sites/dolgov/files/EBSA/laws-and-regulations/laws/affordable-care-act/for-employers-and-advisers/patient-protection-model-notice.doc	Small Group ²
		Yes
<ul style="list-style-type: none"> Whenever the plan provides an SPD or similar description of benefits Exception: Only applies to group health plans that require designation of a primary care provider 	Delivery System ¹	Govt. Employers ³
		Yes
		• U.S. Mail • Electronic delivery • Hand delivery

Notice of Rescission

Provided

When Must Action Be Taken	Recipients Participants and beneficiaries affected by rescission	Small Group ²
		Yes
<ul style="list-style-type: none"> 30 days before retroactive termination of coverage due to fraud or intentional misrepresentation of material fact Should coordinate notices related to rescissions and appeal procedures to the extent possible; rescission is an adverse benefit determination subject to appeal procedures 	Delivery System ¹	Govt. Employers ³
		Yes
		• U.S. Mail • Electronic delivery • Hand delivery

ADA (Americans with Disabilities Act)

ADA Notice for Wellness Programs that Include a Medical Examination or a Disability-Related Inquiry

Provided

When Must Action Be Taken	Recipients Any employee eligible for an ADA-covered wellness program	Small Group ²
		Generally, yes*
<p>Notice must be provided before employee provides any health information and with enough time to decide whether to participate in the wellness program</p>	Delivery System ¹	Govt. Employers ³
		Yes
		<ul style="list-style-type: none"> No specified delivery system but must be “effective in reaching employees” being offered wellness program (e.g., Notices distributed electronically should be formatted so employees who use screen reading programs can access them) Sample Notice: www1.eeoc.gov/laws/regulations/ada-wellness-notice.cfm?renderforprint=1

* Title I of the ADA applies to employers with 15 or more employees for each working day in at least 20 calendar weeks in the current or preceding calendar year.

COBRA (Consolidated Omnibus Budget Reconciliation Act)⁴

General COBRA Notice

Provided

When Must Action Be Taken	Recipients Each participant and each covered spouse	Small Group ²
		Yes*
<ul style="list-style-type: none"> Within 90 days of becoming covered under group health plan Exception: Not required if COBRA Election Notice is required within first 90 days Note: When a spouse is added to group health coverage, must also mail General COBRA Notice to the spouse 	Delivery System ¹	Govt. Employers ³
		Yes
		<ul style="list-style-type: none"> Must be included in SPD DOL Model Notice Available at: https://www.dol.gov/sites/dolgov/files/EBSA/laws-and-regulations/laws/cobra/model-general-notice.docx If separate notice (in addition to SPD) is provided: <ul style="list-style-type: none"> Hand delivery (need separate mailing to spouse) U.S. Mail addressed to all at same household or separately if at different addresses

* Applies if there were 20 or more full-time equivalent employees on more than 50% of its typical business days in the previous calendar year in employer’s controlled group/common control/affiliated service group. State/mini-COBRA obligations may apply to groups under 20.

Qualifying Event Notice

Provided

When Must Action Be Taken	Recipients	Small Group ²
If employer is not the plan administrator, employer must notify plan administrator within 30 days of following qualifying events: <ul style="list-style-type: none"> - Termination or reduction in hours - Death - Medicare entitlement - Bankruptcy of employer 	Plan administrator	Yes*
	Delivery System¹ Not specified (any reasonable method)	Govt. Employers³ Yes

* Applies if there were 20 or more full-time equivalent employees on more than 50% of its typical business days in the previous calendar year in the employer's controlled group/common control/affiliated service group. State/mini-COBRA obligations may apply to groups under 20.

COBRA Election Notice

Provided

When Must Action Be Taken	Recipients	Small Group ²
<ul style="list-style-type: none"> • If employer is plan administrator, employer must provide COBRA Election Notice within 44 days after the date on which the following qualifying events occurred <ul style="list-style-type: none"> - Termination or reduction in hours - Death - Medicare entitlement - Divorce - Loss of dependent status - Bankruptcy of employer • If employer is not plan administrator, plan administrator must provide COBRA Election Notice within 14 days after employer or participant notifies plan administrator of COBRA qualifying event** 	Covered employees, spouses and dependent children	Yes*
	Delivery System¹ <ul style="list-style-type: none"> • Hand delivery (need separate mailing to other qualified beneficiaries) • U.S. Mail addressed to all at same household or separately if at different addresses • Electronic delivery DOL Model Notice Available at: https://www.dol.gov/sites/dolgov/files/EBSA/laws-and-regulations/laws/cobra/model-election-notice.docx	Govt. Employers³ Yes

* Applies if there were 20 or more full-time equivalent employees on more than 50% of its typical business days in the previous calendar year in the employer's controlled group/common control/affiliated service group. State/mini-COBRA obligations may apply to groups under 20. ** NOTE: If plan provides for COBRA coverage periods to be measured from the date coverage is lost (instead of date of qualifying event), COBRA Election Notice to be provided within 44 (or 14, if applicable) days of loss of coverage.

Notice of Unavailability of COBRA

Provided

When Must Action Be Taken	Recipients	Small Group ²
Within 14 days of the event that would otherwise be a qualifying event	<ul style="list-style-type: none"> • Each participant and beneficiary who would otherwise be eligible for coverage • Any other individual who submits notice of qualifying event or disability determination 	Yes*
	Delivery System¹ <ul style="list-style-type: none"> • Hand delivery (need separate mailing to other qualified beneficiaries) • U.S. Mail addressed to all at same household or separately if at different addresses • Electronic delivery 	Govt. Employers³ No**

* Applies if there were 20 or more full-time equivalent employees on more than 50% of its typical business days in the previous calendar year in the employer's controlled group/common control/affiliated service group. State/mini-COBRA obligations may apply to groups under 20. ** Technically, this is a Department of Labor (DOL) requirement that does not apply to government employers. Nevertheless, conservative employers may choose to comply.

Notice of Early Termination of COBRA Coverage

Provided

When Must Action Be Taken	Recipients	Small Group ²
<ul style="list-style-type: none"> • As soon as possible after determination that COBRA coverage will terminate early (before otherwise applicable maximum coverage period) • Insufficient premium payments: COBRA coverage cannot be terminated for "insignificant" premium shortfalls UNLESS a notice is provided allowing the COBRA participant 30 days to remit the shortfall. Premium shortage is "insignificant" if it is 10 percent less than the required payment (for COBRA premiums under \$500) or \$50 less than the required payment (for COBRA premiums equal to or greater than \$500) 	COBRA qualified beneficiaries whose COBRA coverage will terminate early	Yes*
	Delivery System¹ <ul style="list-style-type: none"> • Hand delivery (need separate mailing to other qualified beneficiaries) • U.S. Mail addressed to all at same household or separately if at different addresses • Electronic delivery 	Govt. Employers³ No**

* Applies if there were 20 or more full-time equivalent employees on more than 50% of its typical business days in the previous calendar year in the employer's controlled group/common control/affiliated service group. State/mini-COBRA obligations may apply to groups under 20. ** Technically, this is a Department of Labor (DOL) requirement that does not apply to government employers. Nevertheless, conservative employers may choose to comply.

ERISA (Employee Retirement Income Security Act)⁵

Summary Plan Description (SPD)

Provided

When Must Action Be Taken <ul style="list-style-type: none"> • Within 90 days of becoming covered under plan • Within 120 days after plan is first subject to ERISA • Every five years, if changes are made; otherwise every 10 years • Within 30 days of request 	Recipients <ul style="list-style-type: none"> • Each participant, including COBRA beneficiaries and retirees • Beneficiaries (e.g., spouse) upon written request • DOL upon request 	Small Group² Yes
	Delivery System¹ <ul style="list-style-type: none"> • U.S. Mail • Electronic delivery • Hand delivery 	Govt. Employers³ No*

* No, but under general contract principles, "ERISA-like" plan document and SPD may be used to define employer's benefit program.

Summary of Material Modification (SMM)

Provided

When Must Action Be Taken <ul style="list-style-type: none"> • Within 210 days after the end of the plan year in which the change is adopted • Within 30 days of request* 	Recipients <ul style="list-style-type: none"> • Each participant, including COBRA beneficiaries and retirees • Beneficiaries (e.g., spouse) upon written request • DOL upon request 	Small Group² Yes
	Delivery System¹ <ul style="list-style-type: none"> • U.S. Mail • Electronic delivery • Hand delivery 	Govt. Employers³ No

* See "Advance Notice of Change to SBC Terms" under Affordable Care Act section for circumstances in which material modification requires 60 day advance notice.

Summary of Material Reduction in Covered Services or Benefits for Group Health Plan

Provided

When Must Action Be Taken Within 60 days after adoption of material reduction in group health plan services or benefits	Recipients <ul style="list-style-type: none"> • Each participant, including COBRA beneficiaries and retirees • Beneficiaries (e.g., spouse) upon written request • DOL upon request 	Small Group² Yes
	Delivery System¹ <ul style="list-style-type: none"> • U.S. Mail • Electronic delivery • Hand delivery 	Govt. Employers³ No

Plan Documents

Provided

When Must Action Be Taken Within 30 days after a request	Recipients <ul style="list-style-type: none"> • Each participant, including COBRA beneficiaries and retirees • Beneficiaries (e.g., spouse) upon written request • DOL upon request 	Small Group² Yes
	Delivery System¹ <ul style="list-style-type: none"> • U.S. Mail • Electronic delivery • Hand delivery • Make available for examination at specified company location 	Govt. Employers³ No*

* No, but under general contract principles, "ERISA-like" plan document and SPD may be used to define employer's benefit program.

Form 5500

Provided

When Must Action Be Taken <ul style="list-style-type: none"> • By last day of seventh month after end of plan year unless 2 1/2 month extension has been granted (extension requested using Form 5558) • Plans with less than 100 participants at beginning of plan year are exempt unless plan is funded (e.g., a trust) or a MEWA 	Recipients DOL	Small Group² No, unless plan is funded (e.g., a trust) or a MEWA
	Delivery System¹ Electronically on DOL website	Govt. Employers³ No

When Must Action Be Taken <ul style="list-style-type: none"> • Optional: Used to request up to 2 1/2 month extension to file Form 5500 • By last day of seventh month after end of plan year 	Recipients IRS	Small Group² No, unless plan is funded (e.g., a trust) or a MEWA
	Delivery System¹ Mail to IRS	Govt. Employers³ No

Summary Annual Reports (SAR)

When Must Action Be Taken <ul style="list-style-type: none"> • Within nine months after end of plan year; or if Form 5500 filing due date was extended, two months after extended due date • Within 30 days of request • Exception: Not required for some self-funded plans provided the plan is unfunded (i.e., for wrap plans, all incorporated benefits must be unfunded) 	Recipients <ul style="list-style-type: none"> • Each active participant, including COBRA beneficiaries and retirees, as well as terminated participants who were enrolled during the applicable plan year • Beneficiaries (e.g., spouse) upon written request • DOL upon request 	Small Group² No, unless plan is funded
	Delivery System¹ <ul style="list-style-type: none"> • U.S. Mail • Electronic delivery • Hand delivery 	Govt. Employers³ No

GINA (Genetic Information Nondiscrimination Act)

Spousal Authorization for Wellness Programs that Offer an Incentive for Information on a Spouse's Current or Past Health Status

When Must Action Be Taken Prior to the spouse providing any health status information	Recipients Any spouse of an employee where an incentive is offered in return for provision of information on the spouse's current or past health status	Small Group² Generally, yes*
	Delivery System¹ Not specified, but authorization request must be written so the spouse can reasonably understand the request, describe the type of information to be obtained, and purpose for which it will be used, and state restrictions on the disclosure of the information. Spouse must affirmatively consent. Notice is not enough.	Govt. Employers³ Yes

* GINA Title II applies to employers with 15 or more employees for each working day in at least 20 calendar weeks in the current or preceding calendar year.

HIPAA (Health Insurance Portability & Accountability Act)

Notice of Privacy Practices

When Must Action Be Taken <ul style="list-style-type: none"> • At enrollment • Every three years: Reminder of the availability of the notice and how to obtain it • If material change to the notice: <ul style="list-style-type: none"> - Within 60 days of material change to notice (for employers that do not maintain benefits website), or - Post on website by effective date of change AND provide in next annual mailing • Upon request • Exception: Not required for fully-insured plans that limit access to PHI to summary health and enrollment information; other fully insured plans (that do not limit access to PHI) need only "maintain" notice to be provided upon request 	Recipients <ul style="list-style-type: none"> • Automatically to all participants and beneficiaries • Upon request to anyone else 	Small Group² Yes, but see "When Must Action be Taken" for exception/special rule for fully insured plans
	Delivery System¹ <ul style="list-style-type: none"> • Employers that maintain benefits website must post to website AND deliver to enrollees • Employers that do not maintain a benefits website must deliver to enrollees • Acceptable methods: <ul style="list-style-type: none"> - Email (only with written consent and must provide paper copy upon request or if email delivery fails) - Hand delivery - U.S. Mail • Delivery to the enrolled participant (employee) is deemed to be delivery to all of his/her dependents • HHS model notices available: <ul style="list-style-type: none"> - Booklet: www.hhs.gov/sites/default/files/ocr/privacy/hipaa/nppbooklet_health_plan.pdf - Full Page: www.hhs.gov/sites/default/files/ocr/privacy/hipaa/npp_fullpg_healthplan.pdf - Layered: www.hhs.gov/sites/default/files/ocr/privacy/hipaa/npp_layered_healthplan.pdf - Text: www.hhs.gov/sites/default/files/ocr/privacy/hipaa/npp_health_plan-text_version.doc 	Govt. Employers³ Yes

Notification of Breach of Unsecured Protected Health Information

Provided

When Must Action Be Taken <ul style="list-style-type: none"> Without unreasonable delay (maximum 60 days after discovery of a breach of unsecured protected health information) Annually by Mar. 1 (or Feb. 29 when applicable) for HHS notice for breaches involving fewer than 500 individuals 	Recipients <ul style="list-style-type: none"> Affected individuals (substitute notice process applies when there is insufficient contact data for individual) HHS (differing timing for breaches involving fewer than 500 individuals) Media (for breaches involving 500 or more individuals in one state or jurisdiction) 	Small Group² Yes
		Govt. Employers³ Yes
Delivery System¹ <ul style="list-style-type: none"> U.S. Mail Email (with written consent) Telephone or other alternative if urgent (but must be followed with First Class Mail) HHS notification requires online filing 		

Notice of Special Enrollment Rights

Provided

When Must Action Be Taken <ul style="list-style-type: none"> At or before initial enrollment (required) With annual enrollment materials (recommended) Exception: Not applicable to HIPAA-excepted benefits 	Recipients Each employee who is eligible to enroll	Small Group² Yes
		Govt. Employers³ Yes
Delivery System¹ <ul style="list-style-type: none"> U.S. Mail • Electronic delivery • Hand delivery Can be included in orientation and annual enrollment materials Model notice language is available at https://www.dol.gov/sites/dolgov/files/ebsa/about-ebsa/our-activities/resource-center/publications/compliance-assistance-guide-appendix-c.pdf#page=2 		

Wellness Program Notice of Reasonable Alternative Standard

Provided

When Must Action Be Taken <ul style="list-style-type: none"> In all plan materials that describe the terms of the wellness program (but only if the wellness program requires individuals to meet a standard related to a health factor to obtain a reward) Notice must describe the availability of a reasonable alternative standard to qualify for the reward 	Recipients Participants and beneficiaries eligible to participate in a wellness program	Small Group² Yes
		Govt. Employers³ Yes
Delivery System¹ <ul style="list-style-type: none"> U.S. Mail • Electronic delivery • Hand delivery Model DOL language is available at https://www.dol.gov/sites/dolgov/files/ebsa/about-ebsa/our-activities/resource-center/publications/compliance-assistance-guide-appendix-c.pdf#page=3 		

TiC (Transparency in Coverage) Rule / CAA (Consolidated Appropriations Act of 2021)

TiC Rule* – Machine Readable Files (MRFs)

Provided

When Must Action Be Taken MRFs for in-network provider negotiated rates ("In-network Rate File"), historical payments to and billed charged from out-of-network providers ("Allowed Amounts File") and in-network negotiated rates and net prices for covered prescription drugs ("Prescription Drug File") must be posted and updated monthly	Recipients Public	Small Group² Yes
		Govt. Employers³ Yes
Delivery System¹ <ul style="list-style-type: none"> Disclosed on a public website and accessible free of charge and without any restrictions or requirement of user credentials (health plans that do not have a public website may satisfy this requirement by entering into a written agreement under which the carrier/TPA agrees to post) Fully-insured plans may shift liability for this posting to carriers by including requirement in written contract Self-funded plans remain legally liable for compliance but may protect themselves contractually by including indemnification provisions in vendor agreements 		

* The TiC Rule is not applicable to grandfathered plans, excepted benefits and account-based plans (e.g., HRAs, FSAs and HSAs).

TiC Rule* – Internet-Based Price Comparison Tool

Provided

When Must Action Be Taken <ul style="list-style-type: none"> Health plans must provide an internet-based self-service tool with cost-share estimates for all covered items and services 	Recipients Participants and beneficiaries, including COBRA	Small Group² Yes
	Delivery System¹ <ul style="list-style-type: none"> Self-service tool on an internet website that provides real-time cost-sharing estimates and allows enrollees to search for information by certain elements, such as billing codes, descriptive terms and geographic proximity of providers Search results must also be available by telephone** and in paper form free of charge 	Govt. Employers³ Yes

* The TiC Rule is not applicable to grandfathered plans, excepted benefits and account-based plans (e.g., HRAs, FSAs and HSAs).

** While the TiC Rule does not require telephonic delivery, the CAA contains a similar price comparison requirement; to comply with the CAA mandate, plans should also provide this comparison information by telephone upon request.

CAA - Mental Health Parity and Addiction Equity Act (MHPAEA) Disclosure

Provided

When Must Action Be Taken <ul style="list-style-type: none"> Upon request, plans providing medical/surgical (M/S) benefits and mental health/substance use disorder (MH/SUD) benefits and imposing non-quantitative treatment limitations (NQTL) must provide comparative analysis of design and application of NQTLs Carriers should also be performing a comparative analysis of their insurance products; sponsors of fully-insured plans may be able to rely on that analysis 	Recipients <ul style="list-style-type: none"> DOL HHS State regulators Participants and beneficiaries (ERISA plans) 	Small Group² Not directly under MHPAEA, but likely indirectly under the ACA
	Delivery System¹ Format will vary based on specific limitations of plan. See https://www.dol.gov/sites/dolgov/files/EBSA/about-ebsa/our-activities/resource-center/faqs/aca-part-45.pdf?	Govt. Employers³ Yes

*MHPAEA contains an exemption for plans of small employers; however, the ACA requires that non-grandfathered plans in small group markets provide essential health benefits (EHBs), including MH/SUD benefits, and the final EHB rules require that such benefits be provided in compliance with the requirements of the MHPAEA rules.

CAA – No Surprises Act Disclosure Notice

Provided

When Must Action Be Taken Plans must provide notice of participant rights and protections against surprise medical bills	Recipients Participants	Small Group² Yes	Govt. Employers³ Yes
Delivery System¹ <ul style="list-style-type: none"> Make publicly available Post to public website of the health plan or issuer (health plans that do not have a website may comply by entering into a written agreement under which the carrier/TPA agrees to post; plan retains liability for non-compliance) Include on each EOB for out-of-network claims Model notice is available at https://www.cms.gov/files/document/model-disclosure-notice-patient-protections-against-surprise-billing-providers-facilities-health.pdf; customization may be required depending on related state laws. 			

CAA – No Surprises Act Air Ambulance Reporting

Provided

When Must Action Be Taken <ul style="list-style-type: none"> Annually, within the 90-day period after Dec. 31, plans must report certain air ambulance and claim information for the prior calendar year This reporting is currently delayed pending issuance of final rules; reporting will not begin until 90 days after the first full year following the issuance of final rules 	Recipients Department of Health & Human Services	Small Group² Yes
	Delivery System¹ <ul style="list-style-type: none"> DELAYED: Awaiting issuance of final rule and additional guidance Fully-insured plans may shift liability for this filing to their carriers by including requirement in written contract Self-funded plans remain legally liable for compliance but may protect themselves contractually by including indemnification provisions in vendor agreements 	Govt. Employers³ Yes

CAA – Gag Clause Prohibition Compliance Attestation (GCPCA)

Provided

When Must Action Be Taken <ul style="list-style-type: none"> Annually, by Dec. 31 of each year, plans must submit an attestation confirming that no Gag Clauses exist in any contracts with service providers, covering the time period since the plan's last attestation 	Recipients Department of Health and Human Services	Small Group² Yes
		Govt. Employers³ Yes
	Delivery System¹ <ul style="list-style-type: none"> Attestations must be submitted via a CMS website (https://hios.cms.gov/HIOS-GCPCA-UI) If the issuer for a fully-insured health plan provides the attestation, the plan does not also need to provide an attestation Self-funded plans can enter into written agreements with their TPAs to provide the attestation but remain legally liable for compliance; so, it is recommended that they protect themselves contractually by including indemnification provisions in their vendor agreements 	

CAA – Reporting on Pharmacy Benefits and Drug Costs

Provided

When Must Action Be Taken <ul style="list-style-type: none"> Annually, by June 1 of each year, plans must submit the required filing for the prior reference (calendar) year (e.g., 2024 data due June 2, 2025) 	Recipients U.S. Departments of the Treasury, Labor and Health and Human Services	Small Group² Yes
		Govt. Employers³ Yes
	Delivery System¹ <ul style="list-style-type: none"> Data must be submitted through the Prescription Data Collection (RxDC) module on the Health Insurance Oversight System (HIOS) located on the CMS Enterprise Portal (https://portal.cms.gov/portal) Fully-insured plans may transfer all liability if insurer or other vendor contractually assumes responsibility for completing and submitting reports Self-funded plans remain legally liable for compliance but may protect themselves contractually by including indemnification provisions in vendor agreements 	

Internal Revenue Code Non-Discrimination Testing Requirements

Section 125 Nondiscrimination Testing – Cafeteria Plans

Provided

Section 129 Nondiscrimination Testing – DCAPs

Provided

Section 105(h) Nondiscrimination Testing – Self-Funded Plans

Provided

Section 79 Nondiscrimination Testing – Group-Term Life Insurance

Provided

When Must Action Be Taken <ul style="list-style-type: none"> Required annually, immediately after the close of the plan year Preliminary testing recommended prior to the beginning of the plan year and/or several months before the end of the plan year to allow corrections, if needed 	Recipients Retain in file	Small Group² Yes*
		Govt. Employers³ Yes
	Delivery System¹ <ul style="list-style-type: none"> No specific requirement to report NDT results Retain results in plan documentation to confirm NDT was passed and in the event of a plan audit 	

* Small employers who have established a "simple cafeteria plan" are treated as having met the nondiscrimination rules for cafeteria plans and certain component benefits, including group-term life insurance, provided specified contribution, eligibility and participation requirements are also met.

Other Federal Laws

Medicare Part D Notice of Creditable/Non-Creditable Prescription Drug Coverage

Provided

When Must Action Be Taken <ul style="list-style-type: none"> • Annually before Oct. 15* • Prior to the initial effective date of coverage under the employer plan (for any Medicare eligible individual) • Upon request • When prescription drug coverage ceases to be offered under employer's health plan or there is a change in the creditable or non-creditable status of health plan's prescription drug coverage 	Recipients <ul style="list-style-type: none"> • Participants and beneficiaries eligible for Part D (includes participants and beneficiaries who are eligible for but not enrolled in employer's plan) • Employer may find it easier to send Notice to all eligible participants and beneficiaries since eligibility for Part D may not be known 	Small Group² Yes
	Delivery System¹ <ul style="list-style-type: none"> • U.S. Mail • Electronic delivery • Hand delivery • CMS model disclosures available at www.cms.gov/Medicare/Prescription-Drug-Coverage/CreditableCoverage/Model-Notice-Letters.html 	Govt. Employers³ Yes

* As long as the recipient has been provided the Disclosure Notice within the prior 12 months, this annual distribution requirement is deemed satisfied; so, some employers may prefer to include with annual enrollment materials.

Medicare Part D Creditable/Non-Creditable Disclosure to CMS

Provided

When Must Action Be Taken <ul style="list-style-type: none"> • Annually within 60 days after start of the plan year • Within 30 days of change in creditable coverage status • Within 30 days after termination of the prescription drug plan 	Recipients Centers for Medicare & Medicaid Services (CMS)	Small Group² Yes
	Delivery System¹ Online form: www.cms.gov/Medicare/Prescription-Drug-Coverage/CreditableCoverage/CCDisclosureForm.html	Govt. Employers³ Yes

Children's Health Insurance Program (CHIP) Notice

Provided

When Must Action Be Taken Annually, before beginning of plan year	Recipients Employees	Small Group² Yes
	Delivery System¹ <ul style="list-style-type: none"> • U.S. Mail • Electronic delivery • Hand delivery • Can be provided to employees with enrollment materials • Model notice available at: www.dol.gov/sites/default/files/ebsa/laws-and-regulations/laws/chipra/model-notice.pdf 	Govt. Employers³ No

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

Provided

When Must Action Be Taken <ul style="list-style-type: none"> • Upon enrollment • Annually 	Recipients Participants and beneficiaries	Govt. Employers³ Yes, but self-funded, non-Federal governmental plans may opt out by following CMS procedures:
	Small Group² Yes	<ul style="list-style-type: none"> - Requires annual filing with CMS https://www.cms.gov/CCIIO/Resources/Files/Downloads/model_enrollee_notice_04072011.pdf - Requires annual notice to enrollees https://www.cms.gov/CCIIO/Resources/Files/Downloads/model_enrollee_notice_04072011.pdf
Delivery System¹ <ul style="list-style-type: none"> • U.S. Mail • Electronic delivery • Hand delivery • Can be provided to employees with enrollment materials • Model Notice at https://www.dol.gov/sites/dolgov/files/EBSA/about-ebsa/our-activities/resource-center/publications/compliance-assistance-guide.pdf#page=143 		

Newborns' and Mothers' Health Protection Act (NMHPA) Notice

Provided

When Must Action Be Taken Include in Summary Plan Description (SPD)	Recipients Each participant and each beneficiary including COBRA beneficiaries and retirees	Small Group² Yes
	Delivery System¹ • U.S. Mail • Electronic delivery • Hand delivery • Model DOL language available at https://www.dol.gov/sites/dolgov/files/EBSA/about-ebbsa/our-activities/resource-center/publications/compliance-assistance-guide.pdf#page=142	Govt. Employers³ Yes, but self-funded government plans may opt out by following CMS procedure (same as above WHCRA opt-out process)

Michelle's Law Disclosure

Provided

When Must Action Be Taken • With any notice regarding a requirement for certification of student status for coverage, such as in the Summary Plan Description (SPD) • Only applicable to plans that provide coverage for adult children who are 26 or older and use student status to determine eligibility	Recipients Participants	Small Group² Yes
	Delivery System¹ • U.S. Mail • Electronic delivery • Hand delivery	Govt. Employers³ Yes, but self-funded government plans may opt out by following CMS procedure (same as above WHCRA opt-out process)

¹ Where electronic delivery is indicated, electronic notice is permitted, subject to compliance with the DOL's comprehensive regulations for the provision of electronic notices. Email is generally permitted to an employee if computer access is an integral part of the employee's job. Otherwise, employee must consent to email delivery. Read receipts are required so a paper copy can be provided when delivery fails, and participants always have the right to receive a paper copy upon request and free of charge. Where U.S. Mail is indicated, first-, second- or third-class mail is generally allowed, unless otherwise indicated. However, distribution by second- or third-class mail is acceptable only if return and forwarding postage is guaranteed and address correction is requested. Unless otherwise noted, delivery to employee suffices as delivery to spouse and dependents unless the employer knows spouse is at different address.

² "Small group" generally refers to "small groups" within the meaning of applicable state insurance law (usually the under 50 market). In some states small group may have been expanded to the under 100 market. Those states which expanded their small group definition may, or may not, revert to under 50 because of the PACE Act. In some cases, group size to which a particular disclosure requirement applies may vary and is noted accordingly (e.g., COBRA and Form W-2 Cost of Employer-Sponsored Health Coverage). Also reporting under Code 6056 of the Code (Forms 1094-C and 1094-C) will be determined on whether the employer is an Applicable Large Employer (ALE).

³ A "government employer" generally means a non-federal governmental employer (e.g., any state that receives funds under the Public Health Service Act, any political subdivision of such a state, or any agency or instrumentality of such a state or political subdivision).

⁴ COBRA applies broadly to private sector employers that maintain welfare benefit plans and employed 20 or more full-time equivalent employees on more than 50% of its typical business days in the previous calendar year in the employer's controlled group/common control/affiliated service group. COBRA also applies to plans sponsored by state and local governments under the Public Health Services Act. It does not apply, however, to plans sponsored by the federal Government or by churches and certain church-related organizations.

⁵ ERISA broadly applies to virtually all private-sector employers that maintain welfare benefit plans but does contain several key exceptions including governmental plans, Indian tribal government plans, and church plans (defined as any employee benefit plan established and maintained by a church or by a convention or association of churches).



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