2025 Required Compliance Notices

At Warner, we prioritize compliance and provide the resources you need to stay ahead of industry standards. Trust our expertise to streamline compliance processes, navigate complex regulations, mitigate risks, and focus on delivering exceptional service.

Explore our comprehensive compliance and regulatory resources *here.*

Mandatory Deadline Notifications:
EMPLOYER ACTION REQUIRED

JAN 31
FEB 28
MAR 3
MAR 31

ACA REPORTING (FORMS 1094 AND 1095)

DUE: IRS: February 28 (Paper) | March 31 (Electronic Filing)
EMPLOYEE: January 31 (CA) | March 3 (Other States)

ACA reporting refers to the 1095 and 1094 forms that employers need to send to the IRS on an annual basis. These reports are required to comply with the Affordable Care Act (ACA).

Also known as the Patient Protection and Affordable Care Act. The IRS requires Applicable Large Employers (ALEs) employers to send ACA reports to ensure compliance with the ACA regulations. ALEs are employers with 50 or more full-time or full-time equivalent employees. All ALEs must comply with ACA reporting.

In CA: Employee Statements must be provided to employees by January 31, 2025.
In Other States: Employee Statements must be provided to employees by March 3, 2025.
IRS Filing: Paper filings are due by February 28, and electronic filings are due by March 31.

Link: Questions and answers about information reporting by employers on Form 1094-C and Form 1095-C | Internal Revenue Service (irs.gov)

JUL 31

PCORI FEES

DUE: July 31

The Patient-Centered Outcomes Research Institute (PCORI) is dedicated to funding crucial healthcare research that improves patient outcomes. Form 720 must be filed, and the PCORI fee paid directly to the IRS.

Link: Patient Centered Outcomes Research Trust Fund fee: Questions and answers | Internal Revenue Service (irs.gov)

OCT 15

WOMEN'S HEALTH NOTICE

DUE: October 15

This provides information about benefits related to women's health, such as preventive services and maternity care, ensuring access to necessary healthcare services.

Link: Women's Health and Cancer Rights | U.S. Department of Labor (dol.gov)

Mandatory Deadline Notifications:
EMPLOYER ACTION REQUIRED, continued...

OCT 15

GRANDFATHER NOTICE/GRANDMOTHER NOTICE
DUE: October 15

This notice outlines protections under the ACA for plans that are not grandfathered, ensuring beneficiaries are aware of their rights and benefits.

Link: Model Disclosure Notice Regarding Patient Protections Against Surprise Billing (cms.gov)

OCT 15

MEDICARE MODERNIZATION AND PART D NOTICES
DUE: October 15

The Medicare Modernization Act (MMA) requires clients (whose policies include prescription drug coverage) to notify Medicare eligible policyholders whether their prescription drug coverage is considered creditable coverage.

Part D: Clients that provide prescription drug coverage to Medicare Part D eligible individuals must notify these individuals whether the drug coverage they have is creditable or non-creditable.

- ***Link: Model Creditable Coverage Disclosure Notice (PDF)***
- ***Link: Model Non-Creditable Coverage Disclosure Notice (PDF)***
- ***Link: Model Non-Creditable Coverage Disclosure Notice (Spanish) (PDF)***
- ***Link: Model Creditable Coverage Disclosure Notice (Spanish) (PDF)***

DEC 31

MEDICAID/CHIP NOTICE
DUE: December 31

On an annual basis, clients must inform employees about potential eligibility for Medicaid or the Children's Health Insurance Program, providing options for affordable health coverage.

Link: Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP) (dol.gov)

DEC 31

GAG CLAUSE
DUE: December 31

The Consolidated Appropriations Act (CAA) generally prohibits group health plans and issuers offering group health insurance from entering into agreements with health care providers, TPAs or other service providers that include certain gag clause language.

Employers need to ensure their contracts with TPAs and other healthcare service providers don't violate gag clause prohibitions. This is crucial for both fully insured and self-insured health plans, as they must submit compliance attestations by December 31, 2025.

For fully insured plans, if the issuer submits the attestation, the plan itself doesn't need to. Self-insured plans can have TPAs submit attestations, but the health plan remains ultimately responsible.

Fully insured plans can streamline compliance by having the issuer submit the attestation, covering both the plan and issuer. Self-insured plans can use written agreements with TPAs for compliance, but the health plan still holds responsibility.

Attestations are required for various health plans, including ERISA, non-federal governmental, and church plans, under the ACA. However, plans offering excepted benefits and HRAs are exempt.

Link: To review a list of who the attestation requirement does and does not apply to: Gag Clause Prohibition Compliance Attestation | CMS

Mandatory Deadline Notifications:
HEALTH PLAN ACTION REQUIRED

<u>Reminder:</u> For self-funded or level funded plans, the employer is the "health plan" and must send out required notices.

JAN 1

HIPAA NOTICE/PRIVACY

DUE: HIPAA: January 1, 2026
NOTICE OF PRIVACY PRACTICES: February 16, 2026

This notice outlines how personal health information is protected and the rights individuals have regarding their health data, ensuring privacy and compliance with regulations.

Link: Notice of Privacy Practices for Protected Health Information | HHS.gov

JUN 1

CAA Rx REPORTING

DUE: June 1

Prescription-drug reporting is a federal mandate created by the Consolidated Appropriations Act of 2021. It requires insurance companies and group health plans to report prescription drug data to the government.

Mandatory Deadline Notifications:
ACTION REQUIRED BASED ON SITUATION TIMING

14 DAYS

NOTICE OF COVERAGE OPTIONS/EXCHANGE NOTICE

DUE: Within 14 days of new hire start date

Clients can use these notices to inform employees about their health insurance options through the Health Insurance Marketplace.

1. The U.S. Department of Labor has two model notices to help employers comply. One for employers who do not offer a health plan and another for employers who offer a health plan to some or all employees:
   - ***Link: Model Notice for employers who offer a health plan to some or all employees***
   - ***Link: Model Notice for employers who do not offer a health plan***
2. The model notices are also available in Spanish and MS Word format at:
   - ***Link: http://www.dol.gov/ebsa/healthreform/***

ONE YEAR

MICHELLE'S LAW NOTICE

DUE: One year following the date the medically necessary leave of absence began or the date the coverage would otherwise terminate the plan.

This notice informs employees about the extension of health coverage for dependent students who take a medically necessary leave of absence, ensuring continued access to healthcare.

Link: elaws - Health Benefits Advisor for Employers (dol.gov)

Non-Deadline Specific Annual Notices:
EMPLOYER

INITIAL COBRA NOTICES
COBRA applies to employers with 20 or more employees who sponsor group health plans. Group health plan administrators must provide an initial COBRA notice to new participants and certain dependents within 90 days after plan coverage begins. The initial COBRA notice may be incorporated into the plan's SPD. A model initial COBRA notice is available from the DOL.

SUMMARY PLAN DESCRIPTIONS (SPD)
Plan administrators must provide an SPD to new participants within 90 days after plan coverage begins. Any changes made to the plan should be reflected in an updated SPD booklet or described to participants through an SMM. Also, an updated SPD must be furnished every five years if changes are made to SPD information, or the plan is amended. Otherwise, a new SPD must be provided every 10 years.

Special Note: The NMHPA notice is not an annual notice requirement. DOL guidance confirms that including the NMHPA notice in the SPD is sufficient.

NEWBORNS & MOTHERS PROTECTION NOTICE:
This notice informs employee about protections for hospital stays related to childbirth, ensuring mothers and newborns receive adequate care.

Link: Newborns' and Mothers' Health Protection Act (NMHPA) | CMS

HIPAA WELLNESS PROGRAM NOTICE
HIPAA imposes a notice requirement on health contingent wellness programs offered under group health plans. Health-contingent wellness plans require individuals to satisfy standards related to health factors (e.g., not smoking) to obtain rewards. The notice must disclose the availability of a reasonable alternative standard to qualify for the reward (and, if applicable, the possibility of waiver of the otherwise applicable standard) in all plan materials describing the terms of a health-contingent wellness program. The DOL's compliance assistance guide includes a ***model notice*** that can be used to satisfy this requirement.

AMERICANS WITH DISABILITIES ACT (ADA) WELLNESS PROGRAM NOTICE
Employers with 15 or more employees are subject to the ADA. Wellness programs that include health-related questions or medical exams must comply with the ADA's requirements, including an employee notice requirement. Employers must give participating employees a notice that tells them what information will be collected as part of the wellness program, with whom it will be shared and for what purpose, as well as includes the limits on disclosure and the way information will be kept confidential. The U.S. Equal Employment Opportunity Commission has provided a ***sample notice*** to help employers comply with this ADA requirement.

ICHRA NOTICES
Employers may use individual coverage health reimbursement arrangements (ICHRAs) to reimburse their eligible employees for insurance policies purchased in the individual market or for Medicare premiums. Employers with ICHRAs must provide a notice to eligible participants about the ICHRA and its interaction with the ACA's premium tax credit. In general, this notice must be provided at least 90 days before the beginning of each plan year. Employers may provide this notice at open enrollment time if it is at least 90 days prior to the beginning of the plan year. A ***model notice*** is available for employers to use to satisfy this notice requirement.

Special Note: The CAA requires employers that maintain a public website for their group health plan to post a Notice Regarding Patient Protections Against Surprise Billing on that site

SURPRISE BILLING NOTICE
This notice explains protections against unexpected medical bills from .out-of-network providers, helping employees avoid financial surprises.

Link: Sample Notice of Surprise Billing Protections (cms.gov)

Non-Deadline Specific Annual Notices:
HEALTH PLAN ACTION

***Reminder:** For self-funded or level funded plans, the employer is the "health plan" and must send out required notices.*

SUMMARY OF BENEFITS AND COVERAGE

ACA requires health plans and health insurance issuers to provide an SBC to applicants and enrollees.

The ACA requires health plans and health insurance issuers to provide an SBC to applicants and enrollees each year at open enrollment or renewal time. Federal agencies have provided a template for the SBC, which health plans and issuers are required to use. To comply with the SBC requirements, employers should include an updated SBC with open enrollment materials. Take note that the plan administrator is responsible for providing the SBC for self-funded plans. For insured plans, the issuer usually prepares the SBC. If the issuer prepares the SBC, an employer is not required to also prepare an SBC for the health plan, although they may need to distribute the SBC prepared by the issuer.

NOTICES OF HIPAA SPECIAL ENROLLMENT RIGHTS

At or before the time of enrollment, an employer's group health plan must provide each eligible employee with a notice of their special enrollment rights under HIPAA. This notice may be included in the plan's SPD.

SPECIAL RULES FOR FULLY INSURED PLANS

The sponsor of a fully insured health plan has limited responsibilities with respect to the Privacy Notice, including the following:

- If the sponsor of a fully insured plan has access to PHI for plan administrative functions, they are required to maintain a Privacy Notice and provide the notice upon request; and
- If the sponsor of a fully insured plan does not have access to PHI for plan administrative functions, they are not required to maintain or provide a Privacy Notice. A plan sponsor's access to enrollment information, summary health information and PHI that is released pursuant to a HIPAA authorization does not qualify as having access to PHI for plan administration purposes.

Plans and issuers must provide notice of participants' rights to mastectomy-related benefits under the WHCRA at the time of enrollment and on an annual basis. The DOL's ***compliance assistance guide*** includes model language for this disclosure.

SUMMARY ANNUAL REPORTS

Plan administrators required to file Form 5500 must provide participants with a narrative summary of the information in Form 5500, called a summary annual report (SAR). Group health plans that are unfunded (that is, benefits are payable from the employer's general assets and not through an insurance policy or trust) are not subject to the SAR requirement. The plan administrator generally must provide the SAR within nine months of the close of the plan year. If an extension of time to file Form 5500 is obtained, the plan administrator must furnish the SAR within two months after the close of the extension period. A ***model notice*** is available from the DOL.