



It Benefits You

Your Employee Benefits Newsletter

May 2025

In This Issue:

Upcoming Compliance
Deadlines

HR Policy: *Can* You?
Or *Should* You?

How to Combat Wellness
Point Solution Fatigue

Compliance Q & A:
High-Cost Claimants

Transform the Employee
Experience with McGriff
Journey™

MHPAEA: Employer Plan
Sponsor Action Steps

McGriff Brings You
Mineral!



Spring is in the air!

As we embrace the season of renewal, our focus in this month's edition of 'It Benefits You' is on innovative trends in employee benefits that can invigorate your workforce. It's one more way we enhance the employee experience while helping employers manage claims cost and avoid compliance risks.

In the middle of spring and all year long, at McGriff we want your benefits programs to bloom.

2025 McGriff National Benefit Trends Survey Results

May 15 | 2:00 pm EDT | 1.0 HRCI/SHRM PDC

McGriff surveys hundreds of employers representing major industries across the country. These survey results provide thoughtful analysis into the most important employee benefit trends of the day.

Join a group of our McGriff National Specialty Practice leaders to review the results of our latest trend survey and learn about which benefit strategies gained traction in 2025.

[Register](#)



Upcoming Compliance Deadlines

June

1

Prescription Drug Data Collection (RxDC) Reporting

Plan sponsors must report information about prescription drugs and health care spending to the Centers for Medicare & Medicaid Services (CMS) each year. Data for the 2024 reference (calendar) year is due by June 1, 2025. This reporting is required for fully insured and self-funded group health plans of all sizes. The [McGriff Compliance Team's updated reference guide](#) provides employers with practical steps to comply with this reporting obligation.

July

31

PCORI Fee

Employers sponsoring a self-funded health plan are required by the ACA to submit an annual [Patient Centered Outcomes Research Institute \(PCORI\) Fee](#). Fees are due on July 31 of the calendar year following the plan year for which the fees are calculated by filing on IRS Form 720 (e.g., the fee for a plan ending in 2024 is due on July 31, 2025). Reach out to your McGriff Account Team if you need assistance calculating the PCORI fee using one of the IRS approved methods.

July

31

Form 5500 (Calendar Year Plans)

Generally, a [Form 5500](#) must be filed no later than the last day of the seventh month after the end of the plan year for ERISA pension and welfare benefit plans. For calendar-year plans, the deadline is July 31. With few exceptions, an employer must file a 5500 if any of its ERISA benefit plans had 100 or more covered participants on the first day of the plan.

HR Policy: *Can You? Or Should You?*

As an HR consultant, one of the most frequently asked questions from corporate employee policy writers is, "Can we do _____?" No matter the potential decision or policy, the writer is often hesitant because of an inner feeling that the policy may not be legal, compliant with agency guidelines, etc.

The question is not CAN you. As a matter of autonomy, a company "can" do whatever is in their power to do. The better question is SHOULD you?

When it comes to policy, three important questions must be answered:

Is this policy or decision in keeping with your corporate mission? There are any number of viable and common solutions to workplace issues that are perfectly "legal." However, these same decisions may not be in line with the purpose of the organization or may actually even conflict with the business interests of the company. Two examples: A mental health counseling center creates a policy that PTO cannot be used for "mental health days." Or a communications company bans cell phones from their offices.

What is the RISK to the organization if a policy is implemented? Every decision or policy carries some level of risk. Ideally, that risk should be minimal – or at least deemed to be acceptable. But for decisions that come with a high level of risk – whether to your bottom line or your reputation (and, without question, if the decision or policy would violate the law) – the answer should be a resounding "NO!"

Is there a conflict in a policy or practice that may be legal but not ethical, according to the ethics and values of the organization? A good example would be a company that touts employee health as a top priority, yet the food in the employee cafeteria is decidedly unhealthy. Ethical and hypocritical failings can cause just as much damage as issues that conflict with compliance.

Once these three questions are answered satisfactorily, it is much easier to stop asking "can we?" and start asking "should we?" Business ethics should be top of mind when making any decision, especially when creating and implementing policies that affect employee conduct and well-being.

When HR can defend policy with clearly defined risks and rewards associated with such decisions, the organization will benefit. And that makes HR a great business partner.



Janie Warner

McGriff HR Advisory Practice Leader

How to Combat Wellness Point Solution Fatigue

Weight management. Diabetes reversal. Fertility. Mental health. Musculoskeletal. Smoking cessation. The list of wellness point solutions can go on and on. But is the sheer number of options overwhelming your workforce? Are the ones that could really help getting lost in the shuffle?

And how is a dedicated, hard-working HR professional able to generate awareness for so many solutions when they're also busy tracking performance, chasing down issues, managing invoices, and working with vendors to improve experiences?

Here are the problems that HR professionals continually face when managing wellness point solutions:

- **Financial:** You've invested significantly in the solution, so you want to optimize utilization and show a return on the investment
- **Time:** You have to spend time generating awareness and reminding people about the solution
- **Complexity:** People simply cannot remember all the benefits they hear about at orientation, open enrollment, at a wellness fair, or even on your benefits site. The more solutions, the more communication (either too much information in a single message or too many messages focused on each solution), causing people to tune out.

The solution is to find ways to deliver personalized awareness about specific solutions at a time when employees are already considering them. That way you can optimize the "stickiness" of the communication, which leads to more action and engagement.

Here are three ways to generate personalized awareness that sticks.

1. Coaching / Concierge / Advocacy solutions

A navigator or concierge service that knows your benefits ecosystem can triage initial benefits questions and direct people to appropriate resources. For example, [Peak Health](#) provides nurse coaches and Accolade provides health advocates who talk to individuals about their health goals and risks and then bring up relevant solutions. For example, if a nurse coach has learned that someone is pre-diabetic or has untreated diabetes, they may talk about the employer's diabetes reversal program or the carrier's diabetes case management plan.

When you're having a conversation about your health with a knowledgeable professional who can recommend relevant and available solutions (i.e., one of your wellness point solutions), then you're more likely to take advantage of that solution.

2. Technology

Some technology platforms provide online health assessments or health goal / risk profile questionnaires. The platform can then use programmed rules or intelligence to recommend a relevant solution for an identified health issue. Platform vendors can either provide ready-made content or work with their clients to promote solutions in the client's wellness ecosystem. For example, instead of just providing in-app educational videos or classes on weight management, the application could serve up referrals to the employer's weight management program.

3. Point Solutions themselves

Lastly, assuming your wellness ecosystem is designed to provide symbiotic solutions, you can convene a vendor summit so vendors can learn more about each other. That can lead to a musculoskeletal health program like Hinge Health recommending an employer's fitness center or online fitness options. Or you could have an onsite health clinic refer people to a health coach.

Of course, if you have a coaching or advocacy service, the service would also be involved in learning about your ecosystem so it too could make referrals. Once you get people talking, the light bulbs go off. So instead of having an ecosystem of wellness point solutions operating in silos, you can have a mutually beneficial wellness ecosystem where solutions come together to make people healthier.

When trying to raise awareness for all of your great benefits, don't be a hero and try to go it alone. Leverage a coaching or advocacy service. Take advantage of technology. Use point solution vendors. You'll get more impactful work done. Your employees will be happier and healthier for it. And you'll have more energy for everything else on your plate.



Nirav Desai
SVP and Managing Director
[Peak Health](#)

If you're interested in a health coaching / advocacy solution that has a strong track record of driving referrals to the rest of your ecosystem, check out [Peak Health](#), a wholly owned subsidiary of Marsh & McLennan Agency (MMA) LLC. [Peak Health](#) uses nurses to provide outcomes-driven health risk assessments, wellness coaching, and wellness ecosystem guidance. To connect with [Peak Health](#), contact your McGriff, a Marsh & McLennan Agency LLC Company or MMA Employee Benefits account representative.



Compliance Q & A: High-Cost Claimants

QUESTIONS: We are examining various health coverage and plan design options in order to save money. One employee, a hemophiliac, has experienced high claims and requires expensive, ongoing treatment. Our reinsurance carrier has imposed a laser at \$500,000 for this employee, which is a significant financial burden. May we offer this high-cost claimant cash to purchase an individual policy through the Exchange to avoid covering him under our plan? Alternatively, may we implement a plan design that excludes treatment for hemophilia?

ANSWER: Individuals with serious, chronic illnesses are likely to incur large health care expenses. For many employers these costs, including any significant stop loss laser, are difficult to absorb. Naturally, many employers seek changes to their health plan designs as a way to manage costs. While self-insured employers might enjoy more flexibility in plan design than their fully insured counterparts, options may still be limited when it comes to managing the costs associated with chronic illnesses.

Disease and data management programs can be effective, but employers are increasingly looking for ways to exclude high-cost claimants from their plans, whether through offering a cash incentive or by more creative means. Several things limit or even prohibit an employer's ability to do this. Compliance challenges in this context to consider include the Americans with Disabilities Act (ADA), the Health Insurance Portability and Accountability Act (HIPAA), and the ACA's market reform provisions and its prohibition against employer payment plans.

 [Click here to read the full High-Cost Claimants Q&A!](#)



Transform the Employee Experience with McGriff Journey™

The McGriff Ben Admin & Technology experts recently hosted a webinar featuring McGriff Journey – a communications and engagement platform.

Journey can serve as your organization's centralized hub, connecting employees to all company technologies and resources, streamlining HR processes, reducing repetitive questions, improving communication, and empowering employees to make informed benefits decisions—all while driving engagement and strengthening your company's culture.

[Click here to learn about these key features & benefits:](#)

- “Gloria” AI Benefit Agent – Instantly answers employee questions, reducing HR workload.
- Digital Front Door – One-stop access to benefits, HR tools, and company resources.
- Configurable Experience – Customize content for different employee groups.
- Social & Engagement Tools – Company news feed, peer recognition, and interactive challenges.
- Wellness & Rewards – Track health initiatives and incentivize participation.
- White-Labeled App Option – Maintain your company's brand identity

Reach out to your McGriff Account Team to schedule a personalized demo.



MHPAEA: Employer Plan Sponsor Action Steps

The Mental Health Parity and Addition Equity Act (MHPAEA) requires group health plans (GHP) and insurers providing mental health and substance use disorder (MH/SUD) benefits to ensure that the financial requirements (such as copays and deductibles) and treatment limits applicable to MH/SUD benefits are no more restrictive than those applied to substantially all medical or surgical (M/S) benefits. Treatment limits include both quantitative treatment limitations (QTL), which are expressed numerically (such as 50 outpatient visits per year), and non-quantitative treatment limitations (NQTL), which otherwise limit the scope or duration of benefits for treatment (such as medical necessity or experimental treatment standards).

The Consolidated Appropriations Act, 2021 (CAA) amended MHPAEA to require that GHPs and insurers perform a detailed comparative analysis of NQTLs and provide results to regulatory agencies and plan participants upon request.

Final rules released in September 2024 further amended MHPAEA as follows:

- For plan years beginning on or after 1/1/2025 - refined regulatory definitions for the terms M/S benefits and MH/SUD benefits and added a fiduciary certification component to the NQTL analysis requirement (ERISA plans only); and
- For plan years beginning on or after 1/1/2026 - require a new “meaningful benefits” standard, along with a “relevant data” evaluation and network adequacy review.

The McGriff EB Compliance Team has prepared a [list of action items](#) for employers to ensure they are compliant with these MHPAEA requirements.

McGriff Brings You Mineral!

May 20 | 12:00 p.m. EDT

Register

McGriff is excited to provide our Employee Benefits clients with MINERAL – a robust web-based HR and compliance resource. Through your McGriff relationship, you have access to Mineral Live, a team of HR experts standing by to answer your questions or provide advice on virtually every HR or compliance-related issue; Mineral Comply, an award-winning online resource center for all of your workforce issues, including a Living Handbook Builder; and Mineral Learn, an incredible online training platform with more than 250 web-based courses for your employee training needs.

Join us to learn about these exciting features and many more within your McGriff-provided Mineral account.



McGriff.com

This document is not intended to be taken as advice regarding any individual situation and should not be relied upon as such. Marsh & McLennan Agency LLC shall have no obligation to update this publication and shall have no liability to you or any other party arising out of this publication or any matter contained herein. Any statements concerning actuarial, tax, accounting or legal matters are based solely on our experience as consultants and are not to be relied upon as actuarial, accounting, tax or legal advice, for which you should consult your own professional advisors. Any modeling analytics or projections are subject to inherent uncertainty and the analysis could be materially affected if any underlying assumptions, conditions, information, or factors are inaccurate or incomplete or should change. d/b/a in California as Marsh & McLennan Insurance Agency LLC; CA Insurance Lic: 0H18131.

Copyright © 2025 Marsh & McLennan Agency LLC. All rights reserved. McGriff is a business of Marsh & McLennan Agency LLC.