

2020 New Jersey Small Group Insurance Carrier Requirements

* Please note that cases must be submitted to PGP complete and clean 1 business day before the below referenced submission deadlines. This allows us to get the case to the carrier by the submission deadline date.

New Jersey Carriers	AmeriHealth NJ On & Off Exchange 1-50 eligible employees	Horizon BC/BS NJ On & Off Exchange 1-50 eligible employees	Members HealthPlan 1-50 eligible employees	Oscar NJ Off Exchange Only 1-50 eligible employees	Oxford Health Plans NJ Off Exchange Only 1-50 eligible employees	Aetna AFA 5-50 eligible	Cigna Level Funded 26 eligible, minimum 20 enrolled	UnitedHealthcare All Savers 10-99 eligible
Effective Dates	1 st & 15 th	1 st & 15 th	1 st Only	1 st & 15 th	Any date	1 st Only	1 st Only	1 st Only
Submission Deadlines*	1 business days prior to the effective date	Prior to effective date (up to 5 days after the effective date for new business)	Prior to effective date (up to 15 days after the effective date for new business)	Up until the effective date	2 business days prior to the effective date	MUST request quote by the 15 th of the month prior. Electronic submissions: 25 th of the month prior.	Prior to the effective date	2 business days prior to the effective date
Requires Wage & Tax Statement ⁽ⁱ⁾	Yes (If <5 Enrolling)	Yes (If < 6 Eligible)	Yes	Yes	Yes	No	No	Yes
Off Exchange Participation Requirements ⁽ⁱⁱ⁾	75% ^A including spousal waivers, Medicare, Medicaid, parental, federal/state sponsored, NJ Family Care or individual with APTC. Must be sole carrier offered.	75% ^A including spousal waivers, Medicare, Medicaid, parental, federal/state sponsored, NJ Family Care or individual with APTC. Must be sole carrier offered.	75% including waivers: spousal, Medicare, Medicaid, NJ FamilyCare, Tricare, other group health plan offered by another employer, parental, federal/state sponsored	75% including waivers: Medicare, Medicaid, NJ FamilyCare, Tricare, other group health plan offered by another employer, or parental waiver	75% ^A including spousal waivers, Medicare, Medicaid, parental, federal/state sponsored or NJ Family Care. Must be sole carrier offered.	50% of all eligible employees must enroll	Must have at least 26 eligible, at least 26 enrolled, and 51% participation	50% of all eligible, down to 5 enrolled-99 eligible lives
Multiple Plan Option Requirements	Up to 4 plans allowed (must be 1 plan fewer than total members enrolled)	Up to 3 Horizon options may be offered with no restrictions, 4 plans can be offered if one is OMNIA. You cannot offer the same medical plans with matching benefits with and without blue card.	Multiple plan options allowed.	Multiple plan options allowed. 3 plans per class.	Limit of 4 plan designs as long as 1 person is enrolled in each option. Groups that elect 4 plan designs must submit hard copy by the 15 th of the prior month.	Can offer up to 4 plans	Dual option allowed	Multiple plan options allowed
Participation Requirements for Out of Area Membership	None	No Limit on OOA %	75% of the population must live in NJ service area.	Business must be located in NJ service area	No Limit on OOA % ^{(iii) (iv)}	Allowed, must be situs in NJ	No Limit on OOA %	Allowed, business must be located in NJ service area.
Available Out of Network Reimbursement Level	None	150% of Medicare	Professional Services: 110% of Medicare, Facility: 140% of Medicare	140% of Medicare	110% of Medicare	105%/140% of Medicare	80 th and 90 th UCR, 110%/150%/300% of Medicare	110% of Medicare
Lab Vendor	Lab Corp	Quest & Lab Corp	Quest & Lab Corp	Quest	Quest & Lab Corp	Quest & Lab Corp	Quest & Lab Corp	Quest & Lab Corp
Rx Vendor	Futurescripts	Prime Therapeutics	Express Scripts	CVS/Caremark	Optum Rx	Aetna Pharmacy (value plus formulary)	Cigna Rx	Optum Rx
Pediatric Dental/Vision Coverage	Pediatric Dental: Not included (Stand alone policy for Pediatric Dental coverage must be proven at time of sale), Pediatric Vision included	Not included (Stand alone policy for Pediatric Dental coverage must be proven at time of sale)	Not required	Included	Included	Not required	Not required	Not required
HSA Vendor and Website	PNC Bank	Further	OCA	n/a	OptumBank optumbank.com	Payflex	HSA Bank mybenefitwallet.com	OptumBank optumbank.com
Broker Commissions	4.5% New Business 4% Renewal	4.25%	1-2 enrolled: 2.5% 3 to 24 enrolled: 4.5% 25+ enrolled: 5%	5%	4.25%	\$39 PEPM adjustable	Case specific	\$30 default, up to broker discretion

^A Owners are excluded from the participation calculation.

⁽ⁱ⁾ Employers whose only members are K1's do not qualify for group coverage. Employers must have at least one W2 employee enrolling in addition to K1's to qualify for a group health insurance plan.

⁽ⁱⁱ⁾ During federal open enrollment carriers will not be enforcing these participation guidelines. Please contact your PGP Representative with additional questions regarding this special open enrollment period.

⁽ⁱⁱⁱ⁾ Oxford NJ uses the UnitedHealthcare ChoicePlus network for all OOA members and members utilizing benefits outside of the Oxford service area

^(iv) Oxford NJ will allow out of area enrollment for all options except Garden State.

New Jersey Employers - 1-50 employees - based on federal full-time equivalent counting method. Determined by the average number of employees on business days during the prior calendar year including full time/part time/union/employees from commonly owned subsidiaries and affiliates.

Questions? We are Here to Help.

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Document is subject to change. Please call your PGP Employee Benefits Consultant for confirmation.

Last update: 11.8.19