

# 2026 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                                     | Fully Insured                                                                                                                                                         |                                                                                                                                                                                                                                                               |                                                                                                                                                                            |
|---------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                         | AmeriHealth NJ<br>On & Off Exchange<br>1-50 eligible employees                                                                                                        | Horizon BC/BS NJ<br>On & Off Exchange<br>1-50 eligible employees                                                                                                                                                                                              | Oxford Health Plans NJ<br>Off Exchange Only<br>1-50 eligible employees                                                                                                     |
| Effective Dates                                         | 1 <sup>st</sup> & 15 <sup>th</sup>                                                                                                                                    | 1 <sup>st</sup> , 15 <sup>th</sup> & 28 <sup>th</sup>                                                                                                                                                                                                         | Any date                                                                                                                                                                   |
| 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)                                                                                                                                                                              | Up until the effective date                                                                                                                                                |
| Requires Wage & Tax Statement <sup>[i]</sup>            | Needed for groups under 5 and over 45.                                                                                                                                | Required for groups the size of 6 to 44. Underwriting or compliance always has the right to request tax documents.                                                                                                                                            | Yes (If <5 Enrolling)                                                                                                                                                      |
| Off Exchange Participation Requirements <sup>[ii]</sup> | 75% <sup>A</sup> including spousal waivers, Medicare, Medicaid, parental, NJ Family Care, coverage under another employer, and TriCare. Must be sole carrier offered. | 75% <sup>A</sup> including spousal waivers, Medicare, Medicaid, parental, other employer coverage, TriCare, NJ Family Care, or individual with APTC*. Must be sole carrier offered.<br><i>*Only when certain conditions are satisfied on the group level.</i> | 75% <sup>A</sup> including spousal waivers, Medicare, Medicaid, parental, NJ Family Care, coverage under another employer, and TriCare. Must be sole carrier offered.      |
| 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 (excluding Omnia plans).                                       | 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 <sup>th</sup> of the prior month. |
| Participation Requirements for Out of Area Membership   | Employees and dependents must live, work, or reside in the AmeriHealth service area. If they do not, they would need a National Access plan.                          | No Limit on OOA %<br>Must have office situs in NJ.<br>Must have at least one non-owner full-time employee enrolled in NJ service area.                                                                                                                        | No Limit on OOA % <sup>[iii] [iv]</sup><br>Business must be located within NJ service area                                                                                 |
| Available Out of Network Reimbursement Level            | None                                                                                                                                                                  | 150% of Medicare                                                                                                                                                                                                                                              | 100% of Medicare                                                                                                                                                           |
| Lab Vendor                                              | Lab Corp                                                                                                                                                              | Quest & Lab Corp                                                                                                                                                                                                                                              | Quest & Lab Corp                                                                                                                                                           |
| Rx Vendor                                               | Optum Rx                                                                                                                                                              | Prime Therapeutics                                                                                                                                                                                                                                            | 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)                                                                                                                                                                | Included                                                                                                                                                                   |
| HSA Vendor                                              | WealthCare                                                                                                                                                            | Further                                                                                                                                                                                                                                                       | OptumBank                                                                                                                                                                  |
| Broker Commissions                                      | 4.5% New Business / 4% Renewal                                                                                                                                        | \$56 PEPM                                                                                                                                                                                                                                                     | \$56 PEPM                                                                                                                                                                  |

<sup>A</sup> Owners are excluded from the participation calculation.

<sup>[i]</sup> 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.

<sup>[ii]</sup> 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.

<sup>[iii]</sup> Oxford NJ uses the UnitedHealthcare ChoicePlus network for all OOA members and members utilizing benefits outside of the Oxford service area

<sup>[iv]</sup> 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.

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| New Jersey Carriers                                            | Level Funded                                                                                                                                   |                                                                                        |                                                                              |                                                                                                                                           |                                                                                                                                          |
|----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                | Aetna AFA<br>2-50 eligible                                                                                                                     | AmeriHealth Fixed Funding<br>5-50 eligible                                             | Cigna Level Funded<br>26+ eligible, minimum 20 enrolled                      | Horizon BCBS Level Select<br>10-50 eligible                                                                                               | Oxford Level Funded<br>2-50 eligible                                                                                                     |
| <b>Effective Dates</b>                                         | 1 <sup>st</sup> Only                                                                                                                           | 1 <sup>st</sup> Only                                                                   | 1 <sup>st</sup> Only                                                         | 1 <sup>st</sup> Only                                                                                                                      | 1 <sup>st</sup> Only                                                                                                                     |
| <b>Submission Deadlines*</b>                                   | Groups 2-9 MUST request quote by the 20 <sup>th</sup> of the month prior, groups 10+ by the 20 <sup>th</sup> of the month prior                | Will take groups up until the day before the effective date for new business           | Prior to the effective date                                                  | Prior to effective date (up to 5 days after the effective date for new business)                                                          | 2 business days prior to the effective date                                                                                              |
| <b>Requires Wage &amp; Tax Statement <sup>(i)</sup></b>        | Tax documents not required.                                                                                                                    | No                                                                                     | No                                                                           | Required for groups the size of 6 to 44. Underwriting or compliance always has the right to request tax documents.                        | Yes                                                                                                                                      |
| <b>Requires Individual Medical Questionnaires ( IMQ )</b>      | ACA Fully Insured Groups 2-4<br>Level Funded Groups 2-4                                                                                        | All groups 5-9                                                                         | No                                                                           | No                                                                                                                                        | All groups 2-4<br>All groups with no prior coverage                                                                                      |
| <b>Off Exchange Participation Requirements <sup>(ii)</sup></b> | Participation 2-100 enrolled is 20% of eligible regardless of waivers, rounding up.<br>Example 12 eligible x .20 = 2.4—would need 3 to enroll. | 75% participation of all eligible employees including valid waivers.                   | Must have at least 25 eligible and minimum of 20 enrolled. 40% participation | Eligibility is minimum of 5 full-time employees, with 5 enrolled. 30% participation. Waivers will not be counted towards participation.   | 2-9 Enrolled - 50% participation of all eligible employees<br>10-50 Enrolled - 30% participation of all eligible employees               |
| <b>Multiple Plan Option Requirements</b>                       | 2-4 Enrolled – any 2 plans<br>5 or more enrolled – any 4 plans                                                                                 | Can offer up to 4 plans. Cannot offer Full Mandate and Mandate Lite portfolio together | Dual option allowed                                                          | The maximum number of plans allowed is 3 plans. You cannot offer the same medical plans with matching benefits with and without BlueCard. | Multiple plan options allowed                                                                                                            |
| <b>Participation Requirements for Out of Area Membership</b>   | Need at least 1 NJ resident – employee to enroll. The rest can be out of state (No % requirement outside of at least 1 in NJ).                 | 70% in area.                                                                           | No Limit on OOA %                                                            | No Limit on OOA %. Must have office situs in NJ. Must have at least one non-owner fulltime employee enrolled in NJ service area.          | Group must be written based on where the majority of the employees work and reside; assuming they have a physical location in that state |
| <b>Available Out of Network Reimbursement Level</b>            | 105% of Medicare for physicians<br>140% of Medicare for facilities                                                                             | 100% of Medicare for professionals<br>150% of Medicare for facilities                  | 80 <sup>th</sup> and 90 <sup>th</sup> UCR,<br>110%/150%/300% of Medicare     | 150% of Medicare                                                                                                                          | 100% of Medicare                                                                                                                         |
| <b>Lab Vendor</b>                                              | Quest & Lab Corp                                                                                                                               | Lab Corp                                                                               | Quest & Lab Corp                                                             | Quest & Lab Corp                                                                                                                          | Quest & Lab Corp                                                                                                                         |
| <b>Rx Vendor</b>                                               | CVS Caremark                                                                                                                                   | Optum Rx                                                                               | Cigna/ESI (Express Scripts)                                                  | Prime Therapeutics                                                                                                                        | Optum Rx                                                                                                                                 |
| <b>Pediatric Dental/Vision Coverage</b>                        | Not required<br>Not included with AFA plans                                                                                                    | None                                                                                   | Not required                                                                 | Not included (Stand alone policy for Pediatric Dental coverage must be proven at time of sale)                                            | Not required                                                                                                                             |
| <b>HSA Vendor</b>                                              | Inspira                                                                                                                                        | Carrier recommends external TPA                                                        | HSA Bank                                                                     | Further                                                                                                                                   | OptumBank                                                                                                                                |
| <b>Broker Commissions</b>                                      | \$55 PEPM standard, adjustable to \$99 Max.                                                                                                    | 6 options at new business:<br>\$39 PEPM, \$50 PEPM, \$65 PEPM, \$75 PEPM, \$100 PEPM   | Case specific                                                                | 6.10%                                                                                                                                     | \$39 default, up to broker discretion                                                                                                    |

Questions? We are Here to Help. NJ: 908.276.9399 • LI: 631.951.9200 • NYC: 212.840.4949 • CT: 203.413.2740 • GA: 770.212.9050 • FL: 305.964.8762

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

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