



2025 Carrier Requirements

	AETNA AFA	ANGLE HEALTH	ANTHEM BLUE CROSS BLUE SHIELD ACA	ANTHEM BLUE CROSS BLUE SHIELD BALANCE FUNDING
Group Size Availability	2-100 enrolled	2+ eligible, minimum 5 total members enrolled	2-50	2-100
Participation Requirements	20% of total eligible	50% after valid waiver; minimum 5 total members enrolled	Group Size 2-4 - 2 enrolled Group Size 5-6 - 3 enrolled Group Size 7 - 4 enrolled Group Size 8-9 5 enrolled Group Size 10 - 6 enrolled Group Size 11 & up - 70% of net eligible	2-50 ACA – group size 1-10 consultant your Broker Consultant, group size 11+ 70% of net eligible; 51+ no participation requirement; ABF 75% of net eligible with a minimum of 50% of total eligible
Effective Dates	1st of the month	1st of the month	1st of the month	1st of the month
Underwriting Requirements	IMQs: 2-4 enrolled GRX: 5+ enrolled	AI: all group sizes	Member level census	GRX
Contract Run Out Period	12/12 with 48 month TRO	12 months	N/A	15
Aggregate Stop Loss	110% of expected claims	Fixed (stop loss & admin): 23%-40% Variable (claims fund): 60%-77%	N/A	110%
Specific Stop Loss	\$20,000	N/A	N/A	\$25k



	AETNA AFA	ANGLE HEALTH	ANTHEM BLUE CROSS BLUE SHIELD ACA	ANTHEM BLUE CROSS BLUE SHIELD BALANCE FUNDING
Surplus Refund/Credit	Refund via EFT	Various options available	N/A	50% refund to group
Minimum Hours per week	30 hours/week	30 hours	30 hours	30 hours
1099s	Not allowed	Yes, pending specific carrier requirements	Yes, pending specific carrier requirements	Yes, pending specific carrier requirements
Carve Outs	No	No	No	No
ACH	Required	Optional	Optional	Required
Dual Option	2-4 can have 2 medical plans 5+ up to 4 medical plans	Yes, the group has the ability to offer multiple plans	Yes, 5+ employees enrolled 2 plans	Yes, and will allow dual network options
SIC Code	Ineligible - 43xx, 82xx, 8661, 91xx, 92xx, 93xx, 94xx, 95xx, 96xx, 97xx, 7361, 7363	No Exclusions	No Exclusions	No exclusions
Network	AFA CPOSII Network	Cigna & Aetna	Blue Preferred, Blue Priority, Blue Access (OOS EEs only)	Blue Preferred, Blue Priority, Blue Access (OOS EEs only)



	ANTHEM BLUE CROSS BLUE SHIELD 51+	CIGNA HEALTHCARE	NATIONWIDE	TRUSTMARK
Group Size Availability	51-100	25-500 eligible	2+ eligible	5+ enrolled
Participation Requirements	No Participation Requirements	50% of total eligible	50% of eligible or 75% after valid waivers are removed from the count	75% after valid waivers
Effective Dates	1st of the month	1st of the month or 15th of the month	1st of the month or 15th of the month if the current policy is a 15th of the month	1st of the month, unless it's a virgin group
Underwriting Requirements	GRX	GRX: 20+enrolled, MHQ required	IMQs: 2-19 enrolled & virgin groups GRX: 20+ enrolled, Plan Disclosure Statement required	IMQs: 2-24 enrolled & virgin groups GRX: 25+ enrolled, Simplified UW Risk form required
Contract Run Out Period	N/A	24 months	PPO: 6 months RBP: 9 months	15 months
Aggregate Stop Loss	N/A	110% or 120%, depending on state	125% of expected claims	5-9 enrolled: 130% 10+ enrolled: 115%
Specific Stop Loss	N/A	Depends on group size, varies from 20K-250K	\$10,000-\$50,000	\$10,000 - \$150,000



	ANTHEM BLUE CROSS BLUE SHIELD 51+	CIGNA HEALTHCARE	NATIONWIDE	TRUSTMARK
Surplus Refund/Credit	N/A	Refund via check	Refund via check	Credit
Minimum Hours per week	30 hours	30 hours	20 hours	25 hours
1099s	Yes, pending specific carrier requirements	No	Yes, pending specific carrier requirements	Yes, pending specific carrier requirements
Carve Outs	No	No	Yes	Yes
ACH	Optional	Optional	Optional	Optional
Dual Option	Yes with 5+ employees enrolled 2 plans, and will allow dual network options	Yes, 3 plans	Yes, number of plans depends on number enrolled	Yes, up to 4 plans - can combine PPO with RBP
SIC Code	No exclusions	No exclusions	No Exclusions	Ineligible industries: schools, municipalities, churches and others
Network	Blue Preferred, Blue Priority, Blue Access (OOS EEs only)	Cigna OAP, Cigna Local Plus, Cigna HMO, Aetna ASA	Aetna® PPO, POS, EPO Cigna PPO, OAP, EPO, LocalPlus®	Cigna and Aetna PPO