



2025 Carrier Requirements

	AETNA AFA	AETNA FULLY INSURED	ANGLE HEALTH	BLUE CROSS AND BLUE SHIELD OF ILLINOIS ACA	BLUE CROSS AND BLUE SHIELD OF ILLINOIS 51+	BLUE CROSS AND BLUE SHIELD OF ILLINOIS BLUE BALANCE FUNDED
Group Size Availability	2-300 eligible	51-300 eligible	2+ eligible, minimum 5 total members enrolled	2 to 50 ATNE	51 to 150 enrolled	5-150 enrolled
Participation Requirements	Under 100 Enrolled: 20% of total eligible. 100+ Enrolled: 30% of total eligible	Under 100 Enrolled: 20% of total eligible. 100+ Enrolled: 30% of total eligible	50% after valid waiver; minimum 5 total members enrolled	70% after valid waivers	70% after valid waivers	Min 2 enrolled - 70% of eligible enrolled
Effective Dates	1st of the month	1st of the month	1st of the month	1st of the month or 15th of the month	1st of the month or 15th of the month	1st of the month or 15th of the month
Underwriting Requirements	IMQs: 2-4 enrolled GRX: 5+ enrolled	IMQs: 2-4 enrolled GRX: 5+ enrolled	AI: all group sizes	N/A	GRX: all group sizes	GRX: all group sizes, BBF request form required
Contract Run Out Period	48 months	N/A	12 months	N/A	N/A	12 Months
Aggregate Stop Loss	110% of expected claims	N/A	Fixed (stop loss & admin): 23%-40% Variable (claims fund): 60%-77%	N/A	N/A	110% of projected claims
Specific Stop Loss	\$20,000 individual Stop Loss	N/A	\$10k+ or State Mandated	N/A	N/A	ISL 10-50: \$25,000 51-100: \$40,000 101-150: \$55,000



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Surplus Refund/Credit	Refund via EFT	N/A	Various options available	N/A	N/A	Credit
Minimum Hours per week	30 hours	30 hours	30 hours	30 hours	30 hours	30 hours
1099s	No	No	Yes, pending specific carrier requirements	Yes, pending specific carrier requirements	Yes, pending specific carrier requirements	Yes, pending specific carrier requirements
Carve Outs	No	No	No	No	No	No
ACH	Required	Optional	Optional	Optional	Optional	Optional
Dual Option	2-4 enrolled: 2 Plans 5+ Enrolled: 4 Plans	51-100: 4 plans 101-300: 3 plans unless HSA is the 4th plan	Yes, the group has the ability to offer multiple plans	Yes, up to 6 plans	Yes, up to 6 plans	Yes, up to 3 plans
SIC Code	Ineligible SIC: 43xx, 82xx, 8661, 91-97xx, 7361, 7363	Ineligible SIC: 7361, 7363	No Exclusions	Ineligible SIC: 6399, 6411	No exclusions	No Non-ERISA regulated groups allowed. Churches, Municipalities, Government Entities, Schools
Network	2-100: CPOSII, IL SAVINGS PLUS 101-300: OAAS, CPOSII	OAMC, SAVINGS PLUS OMAC	Cigna & Aetna	Blue Choice Select PPO, Blue Choice Options, Blue Advantage HMO	Blue Choice Select PPO, Blue Choice Options, Blue Advantage HMO	Blue Choice Select PPO, Blue Choice Options, no HMO



	CIGNA HEALTHCARE	NATIONWIDE	TRUSTMARK	UNITEDHEALTHCARE ACA	UNITEDHEALTHCARE LEVEL FUNDED	UNITEDHEALTHCARE 51+
Group Size Availability	25-500 eligible	2+ eligible	5+ eligible	2 to 50 ATNE	2 to 150 eligible	51-150 eligible
Participation Requirements	50% of total eligible	50% of eligible or 75% after valid waivers are removed from the count	75% after valid waivers	25% of total eligible	2 eligible - 2 must enroll 3 eligible - 3 must enroll 4 eligible - 3 must enroll 5-50 - 25% participation 51+ 50% participation	No participation requirement, but participation will impact rating level
Effective Dates	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	1st of the month or 15th of the month	1st of the month	1st of the month or 15th of the month
Underwriting Requirements	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: 5+ enrolled, Simplified UW Risk form required	N/A	IMQs: 2-4 enrolled & virgin groups GRX: 5+ enrolled	GRX: all group sizes
Contract Run Out Period	24 months	PPO: 6 months RBP: 9 months	9 months	N/A	48 months	N/A
Aggregate Stop Loss	110% or 120%, depending on state	125% of expected claims	5-9 enrolled: 130% 10+ enrolled: 115%	N/A	125% of expected claims	N/A
Specific Stop Loss	Depends on group size, varies from 20K-250K	\$10,000-\$50,000	\$10,000 - \$150,000	N/A	\$15,000 default, \$25,000, \$35,000, and \$45,000	N/A
Surplus Refund/Credit	Refund via check	Refund via check	Cash Option Only	N/A	Credit	N/A
Minimum Hours per week	30 hours	20 hours	25 hours	20 hours	30 hours	17.5 hours



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1099s	No	No	Yes, pending specific carrier requirements	Yes, pending specific carrier requirements	Yes, pending specific carrier requirements	Yes, pending specific carrier requirements
Carve Outs	No	No	Yes	Yes	Yes	Yes
ACH	Optional	Optional	Optional	Optional	Optional	Optional
Dual Option	Yes, 3 plans	Yes, 3 plans	Yes, number of plans depends on number enrolled	Yes, unlimited within same plan package	2-50: Yes, unlimited with limits on plan combinations (LX vs non-LX) 51+: Yes, up to 5	Yes, up to 5
SIC Code	No Exclusions	No Exclusions	No Exclusions	No Exclusions	Ineligible SIC: 43xx, 8211, 8222, 8231, 8299, 8661, 91xx, 92xx, 93xx, 94xx, 95xx, 96xx, 97xx, 99xx	No exclusions
Network	Cigna OAP, Aetna ASA, Cigna Local Plus, Cigna HMO	Cigna OAP, Aetna ASA, Cigna Local Plus, Cigna HMO	Aetna® PPO, POS, EPO, Cigna PPO, OAP, EPO, LocalPlus®	Choice Plus, Core, Navigate, Nexus	Choice Plus, Core, Navigate, Nexus	Core, Navigate, Nexus