

2025 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 On & Off Exchange 1-50 eligible employees	Horizon BC/BS NJ On & Off Exchange 1-50 eligible employees	Oxford Health Plans NJ Off Exchange Only 1-50 eligible employees
Effective Dates	1 st & 15 th	1 st , 15 th & 28 th	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 [i]	Yes (If < 5 Enrolling)	Yes (if < 6 Eligible) or 45 or more eligible employees (not including owners and their spouses) must provide latest full quarter WR30 and owners tax docs showing percentage of ownership (K1, 1120).	Yes (If <5 Enrolling)
Off Exchange Participation Requirements [ii]	75% ^A including spousal waivers, Medicare, Medicaid, parental, federal/state sponsored, or NJ Family Care. 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% ^A including spousal waivers, Medicare, Medicaid, parental, federal/state sponsored, 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 th 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 % Must have office situs in NJ. Must have at least one non-owner full-time employee enrolled in NJ service area.	No Limit on OOA % [iii] [iv] 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	\$54 PEPM

^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.

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New Jersey Carriers	Level Funded				
	Aetna AFA 2-50 eligible	AmeriHealth Fixed Funding 5-50 eligible	Cigna Level Funded 26+ eligible, minimum 20 enrolled	Horizon BCBS Level Select 10-50 eligible	Oxford Level Funded 2-50 eligible
Effective Dates	1 st Only	1 st Only	1 st Only	1 st Only	1 st Only
Submission Deadlines*	Groups 2-9 MUST request quote by the 20 th of the month prior, groups 10+ by the 20 th 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
Requires Wage & Tax Statement ⁽¹⁾	Tax documents required for all groups with no prior coverage	No	No	Yes for 45 or more eligible employees (not including owners and their spouses) must provide four quarters of WR30 and owners tax docs showing percentage of ownership (K1, 1120). Payroll verification is not needed for groups the size of 10 to 44 FTE. Underwriting has the right to request payroll verification but that is rare and on a case-to-case basis.	Yes
Requires Individual Medical Questionnaires (IMQ)	ACA Fully Insured Groups 2-4 Level Funded Groups 2-4	Under 10 lives	No	No	All groups 2-4 All groups with no prior coverage
Off Exchange Participation Requirements ⁽²⁾	2-50 is 30%. Need 2 enrolled. (3 eligible - need 2 to enroll - rounding up).	Must have 50% of all eligible employees after valid waivers	Must have at least 26 eligible, at least 20 enrolled, and 51% participation	Effective 10/1: Eligibility is lowered to 10 eligible and 5 enrolled. Participation is lowered to 30%. Waivers will not be counted towards participation.	2 Eligible - 2 must enroll 3 Eligible - 3 must enroll 4 Eligible - 3 must enroll Post valid waiver reasons required? No - all waivers are valid 5-50: 50% participation for 5 or more
Multiple Plan Option Requirements	2-4 Enrolled - any 2 plans 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
Participation Requirements for Out of Area Membership	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
Available Out of Network Reimbursement Level	105% of Medicare for physicians 140% of Medicare for facilities	100% of Medicare for professionals 150% of Medicare for facilities	80 th and 90 th UCR, 110%/150%/300% of Medicare	150% of Medicare	100% of Medicare
Lab Vendor	Quest & Lab Corp	Lab Corp	Quest & Lab Corp	Quest & Lab Corp	Quest & Lab Corp
Rx Vendor	Advance Control Plan	Optum Rx	Cigna/ESI (Express Scripts)	Prime Therapeutics	Optum Rx
Pediatric Dental/Vision Coverage	Not required 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
HSA Vendor	Inspira	Carrier recommends external TPA	HSA Bank	Further	OptumBank
Broker Commissions	\$50 PEPM standard Beginning 4/1 Effective Dates: \$55 PEPM Adjustable to maximum of \$99	6 options at new business: \$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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