



Level-Funded Comparison Guide - New Jersey

	Aetna	AmeriHealth	Cigna	Horizon BCBSNJ	UnitedHealthcare
Availability	Available to quote now	Available to quote now	Available to quote now	Available to quote now	Available to quote now
Product Availability	Small Group 2-50 Large Group 51-100	Small Group 5-50 Large Group 51-150	25-250	Small Group 10-50 Midsize Group 51-99	Small Group 2-50 Large Group 51-99 Key Accounts 100-300
Number of Plans a Group Can Offer	For 2-4 enrolled groups, an employer can select only one AFA medical plan. For 5 enrolled-100 eligible, an employer may select up to 4 plans.	Maximum of 4 plans can be offered, exclusive of class carve outs. All plans must have enrollment.	For groups under 50, an employer can offer 3 plans.	An employer can offer up to 3 plans.	Unlimited
Minimum Eligible	See Participation Guidelines	5 Eligible	25 Eligible	10 Eligible	2 Eligible
Minimum Enrollment	2 Enrolled	5 Enrolled	20 Enrolled	5 Enrolled	2 Enrolled
Minimum Participation	10 or more enrolled - 30% based on eligible 9 or less enrolled - 50% Regardless of Valid Waivers	50% without waivers and 75% with waivers	50% Regardless of Valid Waivers	30% Waivers Excluded	50% Regardless of Valid Waivers
Participation Guidelines	<ul style="list-style-type: none"> • 2 Eligible - 2 Must Enroll • 3 Eligible - 3 Must Enroll • 4 Eligible - Minimum of 3 Must Enroll • 5-8 Eligible - Minimum of 4 Must Enroll 				<ul style="list-style-type: none"> • 2 Eligible - 2 Must Enroll • 3 Eligible - 3 Must Enroll • 4 Eligible - Minimum of 3 Must Enroll • 5-8 Eligible - Minimum of 4 Must Enroll • 9+ Eligible - 50% Participation Required <p>Groups with only 2 enrolled employees must include at least one common law employee who is not the owner's spouse.</p>
IMQ Guidelines	<p>NON-LEVEL FUNDED GROUP 2-9 - IMQs Required 10 or More - IMQs Not Required</p> <p>CURRENT LEVEL-FUNDED GROUP 2-4 - IMQs Required 5 or More - IMQs Not Required</p> <ul style="list-style-type: none"> • IMQs required for virgin groups. • IMQs are required for PEO groups. Only required based on above parameters. • Will accept competitor's IMQs. 	5-14 - IMQs Required 15 or more - IMQs Not Required	IMQs Not Required	IMQs Not Required • Level-Funded Census Template Required	2-9 - IMQs Required 10 or more - IMQs Not Required • IMQs required for virgin groups. • IMQs not required for PEO groups.

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Will the carrier release a quote on existing fully-insured business?	Not Applicable for Small Group.	Decision made on case-by-case basis.	Not Applicable for Small Group. Will release a Level-Funded quote on a Fully-Insured group for Large Group.	As long as the group meets minimal eligible & minimal enrolled, RFP can be done on Horizon portal as a Conversion Quote.	Decision made on case-by-case basis. Must discuss with Renewal Account Executive.
Surplus	50% Group must renew to get surplus. Wired back to account on file 3 months post renewal.	50% Group must renew to get surplus. Form of credit to next full premium 4 months post renewal.	Two Options • 50% • 2/3 to client or 1/3 to client Group must renew to get surplus. Form of admin fee credit 4 months post renewal.	50% Group must renew to get surplus. Form of ACH back to account on file 4 months post renewal.	50% Group must renew to get surplus. Form of a check 3 months post renewal.
Terminal Liability Option	Contract 12/48 (incurred/paid) No run out liability	Contract 12/27 (incurred/paid) No run out liability	Contract 12/27 (incurred/paid) No run out liability The terminal fund liability based on the year-end enrollment and claims funding. The terminal fund liability equals 50% of month 11 claims funding plus 75% of month 12 claims funding, for a total of approximately 1.25 months of claims funding. Terminal funds are not included in the claims funding that accumulates toward an administrative fee credit opportunity. If a client is eligible for that credit, it is applied towards administrative fees and stop loss premium cost in the fourth month following renewal. Essentially credit is applied to fixed costs.	Contract 12/infinite (incurred/paid) No run out liability	Contract 12/60 (incurred/paid) No run out liability

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State Mandates/ Exclusions	<p>New Jersey's insurance laws – including those mandating certain benefits for insured plans – do not apply to this plan.</p> <p>Services that are not covered under Small Group AFA plans:</p> <ul style="list-style-type: none"> • Artificial Insemination / Ovulation Induction • Advanced Reproductive Technology (ART) • Bariatric surgery • Infertility • Bony impacted wisdom teeth • Hearing aids • Modified foods (PKU/metabolic formulas) • Pediatric Dental • Private Duty Nursing • Specialist Hearing Exam • TMJ • Vision Hardware (adult/pediatric) • RX – lifestyle / infertility injectable drugs 	<ul style="list-style-type: none"> • Autism (including early intervention services, diagnosis, speech therapy, physical therapy, occupational therapy, labs, or applied behavioral analysis as it relates to autism) <p>* Will be covered eff. 4.1.23 (new business & upon renewal)</p> <p>Not Covered:</p> <ul style="list-style-type: none"> • Autologous bone marrow transplant • Bariatric surgery • Breast reconstruction • Continuation of benefits for dependents upon death of insured • Continuation of coverage due to total disability of employee or member • Coverage of handicapped children beyond termination age • Dependent health benefits: Extension of benefits to age 31 • Donated human breast milk 	<p>Infertility is covered.</p> <p>Not Covered:</p> <ul style="list-style-type: none"> • Services that aren't medically necessary • Experimental or investigational treatments, except for routine patient care costs related to qualified clinical trials as described in your plan document • Accidental injury that occurs while working or pay or profit • Sickness for which benefits are paid or payable under any worker's compensation or similar law • Services provided by gov't health plans • Cosmetic surgery, unless it corrects deformities resulting from illness, breast reconstruction surgery after a mastectomy, or congenital defects of a newborn or adopted child or child placed for adoption • Dental treatments and implants • Custodial care 	<p>Not Covered</p> <ul style="list-style-type: none"> • Continuation of Benefits for dependents upon death of insured • Dependent Health Benefits: Extension of Benefits to Age 31 • Health Wellness Promotion • Infertility Services Required by SEH Board* • NJ Substance Use Disorder Law (Opioid Law) • Oral Contraceptive- 6-month coverage • Donated Human Breast Milk <p>* Infertility covered on Midsize plans. Not covered on Small Group plans.</p>	<p>Essential Health Benefits (EHBs):</p> <p>The Oxford Level-Funded plans are self-funded and are not required to provide benefits for EHBs.</p> <p>State-Mandated Benefits: State Mandates are not applicable, ERISA applies.</p> <p>Not covered:</p> <ul style="list-style-type: none"> • Infertility • Pediatric Dental • Transplant Services - Non-Network

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State Mandates/ Exclusions (cont'd)		<ul style="list-style-type: none"> Hearing aids Infertility services (including diagnosis, testing, and treatment) Inherited metabolic disorders OON Consumer Protection, Transparency, Cost Containment & Accountability Act Oral contraceptives (6-month coverage supply) Prescription eye drops (including refills) Prosthetics/Orthotics mandated appliances TMJ surgery Wilms' tumor <p>Note: The AmeriHealth New Jersey – EPO HSA 0%/0% \$1,500 \$7/50%/\$125 Rx plan covers all mandates.</p>	<ul style="list-style-type: none"> Surgical procedures for the improvement of vision that can be corrected through the use of glasses or contact lenses Vision therapy or orthoptic treatment Hearing Aids Reversal of sterilization procedures Nonprescription drugs or anti-obesity drugs Smoking cessation programs Non-emergency services incurred outside the U.S. Bariatric Surgery - except when medical necessity guidelines are met Treatment of TMJ disorders and craniofacial muscle disorders 		
DU31	Not offered	Not offered	Option to add	Not offered	Not offered
COBRA/NJ Continuation	<ul style="list-style-type: none"> COBRA offered NJ Continuation offered (employer is responsible for administering state continuation in accordance with the NJ Continuation eligibility guidelines) 	<ul style="list-style-type: none"> COBRA offered NJ Continuation offered 	<ul style="list-style-type: none"> COBRA offered NJ Continuation not offered due to minimum eligible requirement 	<ul style="list-style-type: none"> COBRA offered NJ Continuation offered 	<ul style="list-style-type: none"> COBRA offered NJ Continuation not offered
Tax Docs	Required for 2-4 enrolled with no prior group medical coverage and newly formed business.	No tax documents required unless requested by underwriting.	Not required	Underwriting guidelines are consistent with fully-insured.	2-9 tax docs required 10+ not required Tax docs required for virgin groups.

Level-Funded Comparison Guide - Pennsylvania

	Aetna	Cigna	UnitedHealthcare
Minimum Eligible	See Participation Guidelines	25 Eligible	2 Eligible
Minimum Enrollment	See Participation Guidelines	20 Enrolled	2 Enrolled
Minimum Participation	10 or more enrolled - 30% 5-9 enrolled - 50% Regardless of Valid Waivers	50% Regardless of Valid Waivers	50% Regardless of Valid Waivers
Participation Guidelines	<ul style="list-style-type: none"> • 2-5 Eligible - Minimum of 2 Must Enroll • 6-7 Eligible - Minimum of 3 Must Enroll • 8-9 Eligible - Minimum of 4 Must Enroll • 10-100 Eligible - 30% Must Enroll with a Minimum of 4 		<ul style="list-style-type: none"> • 2 Eligible - 2 Must Enroll • 3 Eligible - 3 Must Enroll • 4-8 Eligible - 4 Must Enroll • 9+ Eligible - 50% Must Enroll
IMQ Threshold	<p>NON LEVEL-FUNDED GROUP 2-14 - IMQs Required 15 or More - IMQs Not Required</p> <p>CURRENT LEVEL-FUNDED GROUP 2-4 - IMQs Required 5 or More - IMQs Not Required</p> <ul style="list-style-type: none"> • IMQs required for virgin groups. • IMQs are required for PEO groups. • AFA will accept Oxford/UHC IMQs. 	IMQs Not Required	2-9 - IMQs Required 10 or more - IMQs Not Required
State Mandates/ Exclusions	<p>Self-funded plans comply with federal health care reform and federal mental health parity mandates.</p> <p>Aetna plans may provide coverage at the same or richer level than certain state fully-insured mandates, but are not subject to state benefit mandates.</p> <p>Services that are not covered under Small Group AFA plans:</p> <ul style="list-style-type: none"> • Artificial insemination/ovulation induction • Advanced Reproductive/technology (ART) 	Cigna matches the EHB PA mandates unless specified.	<p>Not covered:</p> <ul style="list-style-type: none"> • Acupuncture • Bariatric surgery • Chiropractic care • Cosmetic surgery • Dental care (adult) • Glasses • Hearing aids • Infertility treatment • Long-term care

	Aetna	Cigna	UnitedHealthcare
State Mandates/ Exclusions (cont'd)	<ul style="list-style-type: none"> • Bariatric surgery • Custodial care • Donor egg retrieval • Early intervention services • Experimental and investigative procedures • Eye surgery • Hearing aids • Immunizations for travel or work • Modified foods (PKU/metabolic formulas) • Non-emergency care in ER • Non-urgent care in UC • Pediatric dental • Private duty nursing • Services for the treatment of sexual dysfunctions or inadequacies • Special duty nursing • Specialist hearing exam • TMJ • Vision hardware (adult/pediatric) • RX- lifestyle/infertility injectable drugs 		<ul style="list-style-type: none"> • Non-emergency care when traveling outside the United States • Out-of-network pharmacies • Private-duty nursing • Routine eye care (adult) • Routine foot care <p>Please review your Plan Document for a total list of exclusions.</p>