

# Small Group Carrier Underwriting Guidelines

Please refer to Advisory Bulletin 10-SEH-04

## AmeriHealth

*(Guidelines updated July 16, 2010)*

Effective September 1, 2010

Scenario 1 – Primary Carrier with 75% or more participation:

- Participation to determine Primary Carrier status will be based on number of employees enrolled in the employer sponsored AmeriHealth plan(s), including spousal waivers, Medicare waiver, etc., but will not include enrollment in other carrier plan offerings by the employer.
- A minimum 75% participation will be based on number of employees enrolled in the employer sponsored AmeriHealth plan(s), including spousal waivers, Medicare waiver, etc.
- Groups will be allowed up to four (4) AmeriHealth plan options, exclusive of “class out” options.
- Plan options cannot differ solely by the Prescription Drug plan design, network, referral option, or out of network benefits.
- The number of plan options must be less than the number of enrolled employees and there cannot be plan options with no enrollment.
- Groups must have at least 2 but less than 51 eligible employees.

Scenario 2 – Secondary Carrier with less than 75% participation:

- Will not issue.

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Horizon Blue Cross Blue Shield of New Jersey and Horizon Healthcare of New Jersey, Inc. (collectively “**Horizon BCBSNJ**”)

*(Guidelines added/updated December 2015)*

Effective January 1, 2016

### **Primary Carrier**

Horizon BCBSNJ will only enroll a small employer group if that group places 75% or more of its eligible employees with Horizon BCBSNJ. Participation will be based on all eligible employees enrolled including all valid waivers (i.e., spousal waivers, Medicare, Medicaid, New Jersey FamilyCare, employee covered under another group health benefits plan and TRICARE. Horizon BCBSNJ will permit a small employer group with less than 75% participation to enroll if all of the following conditions are met:

- A small employer maintains the same or a greater level of contribution toward employee coverage for the new plan year as was provided during the current plan year;
- One or more of the employees who were covered under the small employer’s health benefits plan during the current year refuses coverage for the new plan year;
- The employee(s) refusing coverage states that the reason coverage is being refused is because they are securing individual coverage with an Advanced Premium Tax Credit (APTC) under the federal law and they provide evidence of eligibility for such individual coverage and APTC; and
- The small employer fails the 75% participation requirement solely because such employees have refused coverage.

A small employer group may choose up to four (4) health benefit plans from Horizon BCBSNJ. However, the option for the fourth plan is available only if one of the plans is an OMNIA plan.

- Multiple plans are only allowed if at least one employee enrolls in each plan.
- A group may not choose to offer the same health benefits plan option with and without Blue Card.
- Regardless of class carve-outs, the total number of plans will be counted at the group level.
- We will not offer or maintain a plan option that does not have enrollment.

Note: Underwriting rules are subject to change with at least 60 days advance notice.

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**Second Carrier**

Horizon BCBSNJ will **not** offer coverage as a second carrier.

Small Group Carrier Underwriting Guidelines  
Oscar Health  
(Guidelines updated May 2021)

Primary Carrier

In order to be eligible for coverage, at least 75% of eligible employees must participate in the Oscar for Business policy. The participation rate is calculated by dividing the number of enrolling employees by the total number of eligible employees (after subtracting those who have a valid waiver).

If an employee chooses to waive coverage, Oscar reserves the right to confirm participation requirements by collecting the employee's current carrier documents, including but not limited to the ID card and the policy effective date. If groups are enrolling during the Federal Enrollment Period, participation requirements may not apply.

If employees are covered due to the following reasons, then they are considered a "valid waiver":

1. Coverage by another group's plan
2. Coverage by Medicare, Medicaid, NJ Family Care, or TRI-CARE
3. Enrolled as a dependent in a group health plan through a different employer

A small employer group may choose up to three (3) health benefit plans from Oscar Health. There are no restrictions on the combination of plan options.

Second Carrier

Oscar Health will not offer coverage as a second carrier.

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### **Oxford**

Effective September 1, 2010

#### **Sole carrier**

**Participation:** 75% net of valid waivers (Medicare, Medicaid and Spousal Coverage) **and** Oxford must be the sole carrier offered.

**Class carve-Outs:** Allowed only for classes that have no other coverage

**Multi-Option:** Dual and Triple Option will be allowed.

**Form Requirements:** Employer Certification and HSA Certificate of Understanding

**Tax Documents:** WR30 or other standardly accepted forms

**Grace Period for Forms:** 5 days from pended receipt date

**Action if forms not provided as required:** Group rejected/terminated

#### **Renewal Requirements**

As above with recertification of participation and payroll/tax status and all other requirements met.

Plan reserves the right to audit groups that do not respond to requests for information and to terminate groups either on the basis of audit results or in the event that necessary documentation is not provided on a timely basis.

Grandfathered business will not be required to give up currently in place multiple plan/multiple carrier arrangements until such time as a plan change is requested and approved. The certification/documentation requirements apply to all renewals.